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THE HEALTH OF NORTHAMPTONSHIRE

in 1972



**REPORT of the COUNTY
MEDICAL OFFICER OF HEALTH**



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IRTHLINGBOROUGH HEALTH CENTRE

(See page 21)

***THE HEALTH of
NORTHAMPTONSHIRE
in 1972***

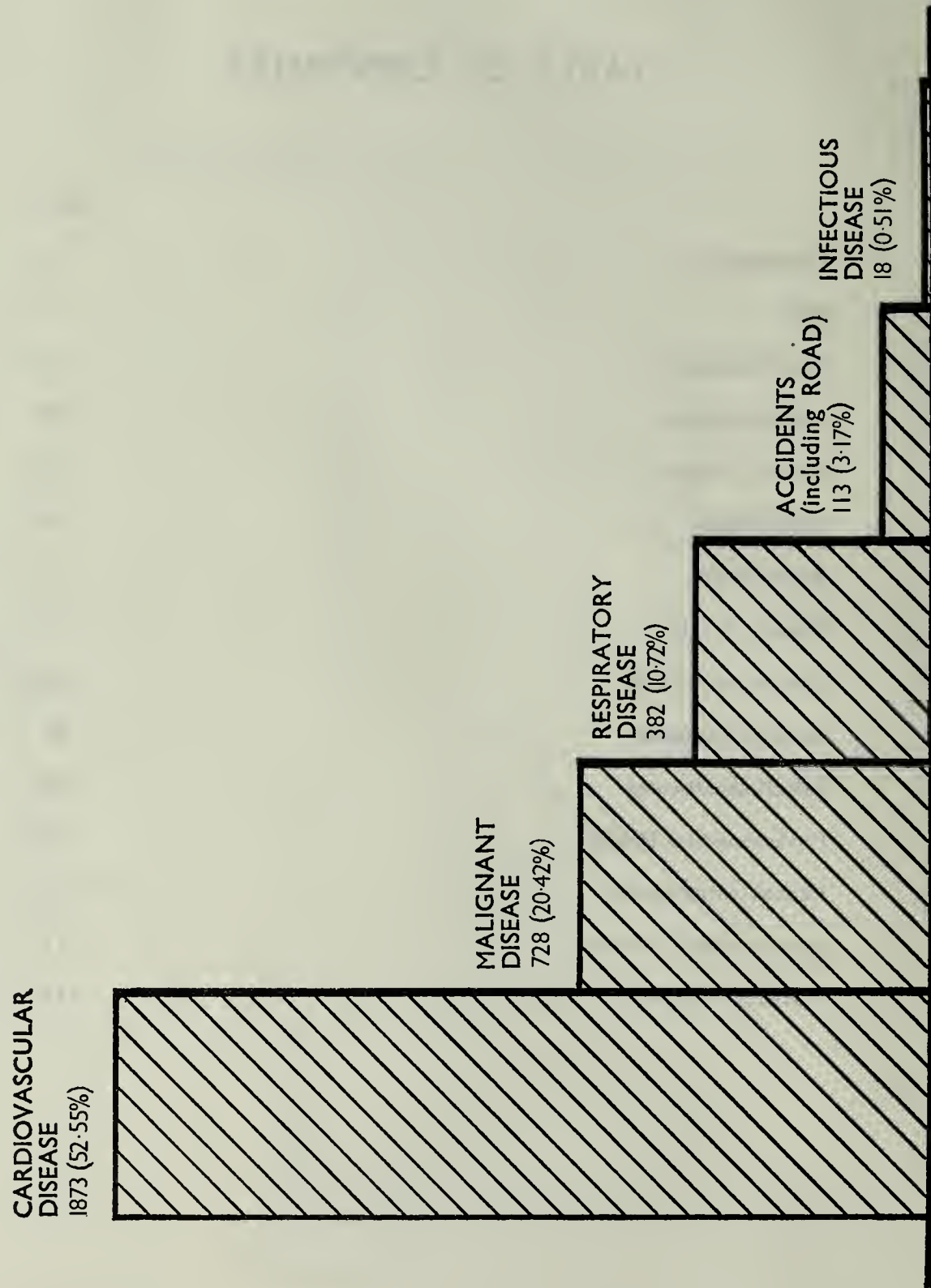
***Report of the
County Medical
Officer of Health***

THE
SUNSHINE

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PRINCIPAL CAUSES OF DEATH 1972



NORTHAMPTONSHIRE COUNTY COUNCIL.

April, 1973.

To the Chairman and Members of the Northamptonshire County Council

Mr. Chairman, my Lords, Ladies and Gentlemen,

In accordance with the requirements of the Public Health Officers Regulations, 1959, I have the honour to present the 76th annual report on the Health of Northamptonshire which incorporates the 64th annual report on the health of the schoolchildren in the County.

Population growth

Once again the rate of growth in the County at 1.99% was much higher than the national average of 0.42%, and the rate of growth in the schoolchild population at 5.2% was more than twice the national average. The birth rate of 16.95 per 1,000 population showed a slight fall, but the ratio of the local adjusted rate to the national rate was 1.11, i.e., 11% above the national average. This rate of growth is presenting problems which we have anticipated, nevertheless, it was not always possible to resolve them since the demands for services exceed the capacity of the staff to meet them.

Reorganisation of the National Health Service

In this, the penultimate report on the health services provided by this authority, I am glad to report further progress despite the inevitable disruption of the work of the Health Department caused by the preparation for the reorganisation of the National Health Service in 1974. The necessity for staff to attend courses designed to prepare them for reorganisation, has thrown an additional burden on other staff who have to strive even harder to ensure that the standards of service to the public are maintained. A number of the senior staff are also involved in the time-consuming work of the Joint Liaison Committee and its working groups, which is responsible for the preparation of reports and recommendations to be submitted to the new Shadow Health Authority when this has been appointed.

Health Centres

A further health centre was opened in Irthlingborough. The demand for health centres has reached the stage where it has become a major part of the workload of the department.

Pre-school Child Health and School Health

A special developmental assessment centre has been established and further centres will be developed as suitable premises become available. These centres will be complementary to the hospital based assessment centre which is due to open at the Princess Marina Hospital in 1973.

A survey of hospital discharges of children under the age of twelve was carried out through the two Departments of Community Medicine at Northampton and Kettering General Hospitals

and is described on page 25, and an analysis of mortality in children between birth and one year and also between one year and five years is shown on page 28.

The importance of close liaison between staff of the school health service, school teachers, hospital consultants and general practitioners, is constantly emphasised by the growing need for earlier and systematic detection of children with special needs. Fortunately the communication systems which exist in this area are good but, even so, it has been necessary to examine these systems and to improve them where necessary. Reorganising the method of filing children's records by date of birth and establishing a more effective system of monitoring the administrative action taken regarding handicapped children have helped in this. The benefits are already apparent and are referred to in the report.

The Chief Dental Officer, Mr. P. W. Gibson, was asked to take on the responsibilities of the dental services of the County Borough of Northampton local health and school health authorities. This was a logical step in view of the impending reorganisation of the National Health Service and also of Local Government. The school health service is to become the responsibility of the new health authorities and it is to be hoped that this will not have any adverse effects, but rather that it will lead to continuing development and improvement of the existing service. To ensure this, it will be important to maintain the present links between Health and Education Services, leading to a greater understanding amongst health service personnel of the role of the school health service.

I am glad to report that a few more general practitioners have begun to undertake school medical examinations.

The decision not to fluoridate public water supplies is regrettable and means that dentists will have to continue to cope with the enormous amount of dental caries in schoolchildren until the decision is reversed, or until some alternative and equally simple and safe method of preventing this disease is developed.

Both child psychiatrists have referred to the increasing demands on the child psychiatry service, but regrettably there were no significant developments in this field during the year. However, the continuing interest of teachers in some areas in the County in learning about the emotional problems likely to be experienced by schoolchildren, which was referred to in last year's report, is encouraging.

Equally encouraging was the response to the intensive course for stammering children which was the first of its kind to be held in this County.

The booklet "Areas of learning" seems to have been welcomed by teachers, and the "growing-up" syllabus for secondary schools is to be revised and developed in a similar format. Indeed, the continually increasing interest shown by teachers in health education is most encouraging.

Family Planning

There was a considerable extension of the family planning service during the year. An evaluation of this Authority's family planning service was carried out and a domiciliary service was also begun, although it is expected that the latter will develop slowly since it will be concentrated mainly on those who tend not to make use of the clinic facilities. The NHS (Family Planning) Amendment Act, 1972, through which facilities for vasectomy will be provided, received the Royal Assent on the 26th October, 1972 and will have a considerable impact in the future.

Nursing

The management structure for nursing, recommended in the Mayston Report, was introduced in April. It is too early to make any useful comment on its effectiveness. The training school for district nurses was again highly successful, but the Briggs Report is expected to have a major impact on the education and training of nurses in the future.

A survey carried out into the unmet need for nursing care during the evening, in one area in the County, resulted in a grant from the Urban Aid Programme to enable a pilot scheme to be started early in 1973.

The need for the unification of the midwifery nursing service becomes more obvious each year with the continuing decline in the number of domiciliary deliveries. Despite this, local health authorities must continue to employ trained midwives, and it would seem that the midwifery nursing service deserves priority consideration by the new Health Authority in order to rationalise the service.

The demand for nursing services in health centres, medical centres and general practitioners' surgeries is shown in a graph on page 53 which demonstrates the extraordinary burden which has been added to the domiciliary nursing service in the past few years. Health visitors, although in relatively short supply, continue to be a very useful ally for the family doctor in helping to sort out social as well as medical problems.

Nurses from the Princess Marina Hospital now visit the homes of mentally handicapped children. This scheme has begun slowly but the nursing officer from the Health Department, who is responsible for liaison with the hospital nurses, reports that good progress is being made.

Ambulance Service

A new ambulance station was opened in Oundle, but the problem of trying to cope with the emergencies in the outlying rural parts of the County remains. In-hospital training for ambulance staff was begun with the co-operation of the staff of both Northampton and Kettering Hospitals and it is hoped that it will not only lead to improved standards, but also to even better relationships between staff of both services.

New resuscitation equipment was installed in the ambulances during the year after a pilot trial which involved some of it being used in a motorway "pile-up". I had the experience of travelling in one of our ambulances to a major "pile-up" on the M1 in October, and I can say without hesitation that if all motorists had the chance of a similar experience they would take the greatest care when travelling on motorways.

The establishment of a Joint Consultative Committee should help to involve ambulancemen even more than at present in discussions on policies to be adopted.

Health Education

Health Education scored a success with its campaign on "Safety in the home" which aroused widespread interest. This will be followed in 1973 by a campaign on another topic related to this problem, in addition to one on sexually transmitted diseases.

Dr. O. E. Fisher refers to the number of admissions to Rushden Hospital because of lung cancer and, once again, I must draw attention to the relationship between this disease and cigarette smoking. It is difficult to believe that drawing attention to this relationship will have

anything other than a temporary effect in reducing the amount of cigarette smoking, but cigarette smokers should remember that this is only one of the serious complaints with which the habit is associated, and that by acting as willing victims in response to devious efforts by manufacturers, advertisers and/or others who try to cast doubt on this fact, they will not help in the promotion of their own health. However, I believe that smokers will not be influenced by the use of alarming statistics and that they will continue to smoke until they can be encouraged to stop by using more subtle methods than those at present employed.

Departments of Community Medicine

The Departments of Community Medicine at Kettering and Northampton Hospitals continue to play a very useful role both in acting as a link with other branches of the service, e.g., acting as a focal point for notifications of discharges of paediatric and geriatric patients, for wheelchair assessments, helping to organise hospital-based family planning clinics and also in helping to provide statistics to assist in planning and evaluating services. The only sound basis on which to plan is to have reliable information about needs and also about the value of services. It was hoped that by now a small research unit would have been based on these two departments, but this need has never been accepted and for tactical reasons it was thought better not to pursue this point, as this should be remedied when the National Health Service is reorganised.

Finally, I should like to thank the Chairman and members of the Health and Education Committees and my colleagues in other departments of the County Council for their continued and valuable support. I am also grateful to the staff of my own department for their loyalty and hard work during the year and in particular to Dr. V. V. Tracey who was mainly responsible for the preparation of the section of the report dealing with the School Health Service.

I have the honour to be,

Your obedient servant,

W. J. McQUILLAN,

*County Medical Officer of Health and
Principal School Medical Officer.*

STAFF

County Medical Officer of Health and Principal School Medical Officer:

W. J. McQUILLAN, M.B., B.Ch., F.F.C.M., D.P.H., D.C.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

J. SARGINSON, T.D., M.B., B.S., M.F.C.M., D.P.H.

Senior Medical Officers:

N. SOLOFF, M.B., Ch.B., D.P.H.

MISS V. V. TRACEY, B.Sc., M.B., B.Ch., M.F.C.M., D.P.H., D.C.H.

Senior Clinical Medical Officers:

I. J. COPE, M.R.C.S., L.R.C.P., D.P.H.

L. J. F. GLYNN, M.B., Ch.B., D.Obst.R.C.O.G., M.R.C.P.I., D.P.H., D.C.H.

Senior Assistant Medical Officers:

MRS. M. V. CAPON, M.B., B.S.

MRS. J. M. ST. V. DAWKINS, M.B., B.S., F.F.C.M., D.P.H., D.C.H. (*also District Medical Officer of Health*)

F. R. N. LYNCH, M.B., B.Ch., M.F.C.M., D.P.H. (*also District Medical Officer of Health*)

Medical Officers in Department:

MRS. M. H. BALLANTYNE, M.B., Ch.B. (*part-time*)

MRS. D. M. COCKIN, M.B., B.S., M.R.C.S., L.R.C.P. (*part-time*)

MRS. P. T. DOOLEY, M.B., B.S., M.R.C.S., L.R.C.P. (*part-time*)

MRS. G. DUNCAN, M.B., Ch.B. (*part-time*)

J. V. L. FARQUHAR, M.A., M.R.C.S., L.R.C.P., D.P.H. (*also District Medical Officer of Health*) (*to 24th May*)

MRS. A. FAWCETT, M.B., Ch.B. (*part-time*)

MRS. A. C. FOGARTY, M.B., B.S., D.C.H., D.R.C.O.G. (*part-time*)

MRS. P. JENNINGS, B.A., M.B., B.Ch., B.A.O., D.C.H. (*part-time to 16th February*)

M. W. KIDDLE, M.B., B.S. (*from 1st September*)

MRS. H. K. LAMBA, M.B., B.S. (*part-time*)

MRS. K. A. L. MAZEY, M.B., Ch.B. (*part-time*)

MRS. M. I. MORTIMORE, M.B., Ch.B., D.C.H. (*part-time*)

MRS. J. NAYLOR, M.B., B.Ch. (*part-time*)

T. D. PATON, M.B., Ch.B. (*part-time*)

MRS. R. M. PUDDIFOOT, M.B., B.S., L.M.S.S.A., D.Obst.R.C.O.G., D.C.H. (*part-time*)

MRS. S. ROBERTS, M.B., B.S. (*part-time*)

MRS. P. A. ROGERS, M.B., Ch.B., D.C.H. (*part-time*)

D. C. SARGANT, M.A., B.M., B.Ch., L.M.S.S.A.

MRS. M. B. SMITH, M.B., Ch.B., D.P.H. (*part-time*)

MRS. S. SPOONER, M.B., B.S. (*part-time*)

MRS. M. STEVENS, M.B., Ch.B. (*part-time*)

MRS. S. E. SWAN, M.B., B.S. (*part-time*)

MRS. J. F. WOOLFENDEN, M.B., Ch.B. (*part-time*)

MRS. H. V. WYNNE-WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P. (*part-time*)

General Practitioners employed part-time:

A. C. BARTHELLE, M.D., M.R.C.S., L.R.C.P., M.R.C.O.G.
 A. P. BENNETT, M.B., Ch.B., D.R.C.O.G.
 D. J. BOULTON, M.R.C.S., L.R.C.P., L.M.S.S.A., D.Obst.R.C.O.G.
 M. J. BRITTON, M.B., B.S., M.R.C.S., L.R.C.P.
 C. N. BRUTON, M.B., Ch.B.
 G. N. CASH, M.B., B.S.
 S. CLEMENTS, M.B., B.S.
 C. M. CRIPPS, M.A., M.B., B.Ch., D.Obst.R.C.O.G.
 G. H. C. DALEY, M.B., Ch.B., D.Obst.R.C.O.G.
 R. I. FROMENT, M.B., Ch.B.
 C. M. GRAHAM, M.B., Ch.B.
 J. A. HOLLAND, M.A., M.B., B.Chir.
 N. M. HOW, M.B., B.S.
 J. W. HUGHES, M.B., B.S., M.R.C.S., L.R.C.P.
 S. J. S. HUGHES, B.M., B.Ch.
 J. M. JUSTICE, M.B., B.S., D.Obst.R.C.O.G.
 R. D. KELSO, M.B., B.S., M.R.C.S., L.R.C.P.
 J. LAWSON-MATTHEW, M.B., B.S.
 D. E. LEIBER, M.R.C.S., L.R.C.P., M.B., B.S., D.A., D.Obst.R.C.O.G.
 M. P. LEWIS, B.A., B.M., B.Ch.
 R. G. LILLY, M.B., B.S.
 I. D. MacKICHAN, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.
 J. B. MOSER, M.R.C.S., L.R.C.P.
 I. J. R. MUSSON, L.M.S.S.A.
 K. I. PADGET, M.B., B.S.
 D. P. B. POUND, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.
 D. W. ROBERTS, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.
 D. L. SCAWN, L.R.C.P., L.M.
 W. A. SHARMAN, M.B., Ch.B., D.Obst.R.C.O.G.
 M. C. SPENCER, M.B., B.S., M.R.C.S., L.R.C.P.
 A. SUTTON, M.B., Ch.B., D.Obst.R.C.O.G.
 R. B. W. WHITE, M.B., Ch.B.

Chief Dental Officer:

P. W. GIBSON, L.D.S., D.D.P.H.

Dental Officers:

MRS. J. A. ANDERSON, B.D.S. (*part-time*)
 I. APPELYARD, B.D.S. (*from 7th February*)
 MRS. J. A. BOULTON, B.D.S. (*part-time*)
 MRS. F. CAMPBELL, L.D.S. (*part-time*)
 R. J. H. CORFE, L.D.S.
 C. COX, B.D.S., D.D.P.H. (*to 10th September*)
 MRS. C. HARTOPP, R.D.S. (*part-time from 26th June*)
 MRS. M. M. HERD, B.D.S.
 R. D. R. HOPKINSON, L.D.S. (*part-time*)
 J. R. HUMPHREYS, B.D.S., D.D.P.H.
 MRS. M. HUMPHREYS, B.D.S. (*part-time*)

MRS. F. M. JONES, L.D.S.
 MRS. R. S. KINGHAM, B.D.S. (*part-time*)
 J. M. LACEY, L.D.S.
 C. M. PERRY, L.D.S.
 MRS. P. C. ROBINSON, L.D.S. (*part-time*)
 M. A. WALSH, B.D.S.
 MRS. V. WILKINSON, B.D.S.

Dental Auxiliaries:

MRS. J. ADDISON
 MRS. A. M. S. BULL
 MRS. K. BURGESS (*part-time*)
 MISS J. E. C. ST. ROMAINE

Chief Administrative Officer:

R. J. BRUCE

Senior Administrative Officer (Clinical Services):

C. S. MOBB

Senior Administrative Officer (Non-Clinical Services):

J. B. ROYLE, D.M.A., Grad.M.I.P.M.

Senior Administrative Assistant (Clinical Services):

C. D. SMITH, D.M.A.

Senior Administrative Assistant (Non-Clinical Services):

R. J. LANE, D.M.A.

Senior Administrative Assistant (Health Centres):

MISS J. PEARSON

Director of Nursing Services:

MISS V. M. GREENHAM, S.R.N., S.C.M., H.V.Cert., Dip.Soc.Studies, Q.N.

Divisional Nursing Officer:

MRS. M. M. WALKER, S.R.N., H.V.CERT.

Area Nursing Officers:

South-West area—MISS L. BOGLE, S.R.N., S.C.M., H.V.CERT., Cert.Soc.Studies, Q.N.
 Corby—MRS. E. DIXON, S.R.N., S.C.M., H.V.CERT. (*to 31st August*)
 MISS S. M. WRIGHT, S.R.N., S.C.M., H.V.CERT., Q.N. (*from 1st November*)
 Kettering—MISS F. I. TAYLOR, S.R.N., S.C.M., H.V.CERT., Dip.Soc.Sc., Q.N.
 Wellingborough—S. D. ROBERTS, S.R.N., Q.N.

Nursing Officers (Health Visiting):

South-West area—MISS D. J. FREESTON, S.R.N., S.C.M., H.V.CERT., N.D.N.Cert.
 Corby—MRS. M. H. GRAHAM, R.G.N., S.C.M., H.V.CERT.
 Kettering—MISS J. E. COCKINGS, S.R.N., S.C.M., H.V.CERT.
 Wellingborough—MRS. R. M. DIXON, S.R.N., S.C.M., H.V.CERT.

Nursing Officers (Nursing and Midwifery):

South-West area—MRS. I. STANFORTH, S.R.N., S.C.M., Q.N.
 Corby—MRS. W. ELSDEN, S.R.N., S.C.M., N.D.N.Cert.
 Kettering—MRS. P. J. BATES, S.R.N., S.C.M., Q.N.
 Wellingborough—MRS. P. J. BATES, S.R.N., S.C.M., Q.N.

Health Education Organiser:

MISS J. M. WINGFIELD, S.R.N., S.C.M., D.H.Ed., H.V.Cert.

Assistant Health Education Organiser:

M. R. WHYMAN

County Ambulance Officer:

P. H. J. WILKINSON

Deputy County Ambulance Officer:

M. T. DEVEREUX

Assistant County Ambulance Officer:

M. C. TARRY

Health Centre Administrators:

Burton Latimer—MRS. J. WOODS
 Daventry—MRS. J. BURRELL
 Irthlingborough—MISS T. HIGGINS (*from 17th July*)
 Towcester—MRS. S. STOYLES
 Wellingborough Queensway—MRS. B. BRIGSTOCK

District Speech Therapists:

MRS. A. HAMIDA, L.C.S.T.
 MISS R. KINGSTON, L.C.S.T., Dip.I.P.A. (*from 11th February*)

Senior Speech Therapists:

MRS. G. BACHELOR, L.C.S.T., Dip.I.P.A. (*from 1st June*)
 MRS. J. M. BOLTON, L.C.S.T. (*to 5th November*)
 MRS. G. GOODRIDGE, L.C.S.T. (*part-time*)
 MRS. M. A. TURNER, L.C.S.T., Dip.I.P.A. (*from 4th April*)
 MRS. G. WILSON, L.C.S.T. (*part-time*)

*Speech Therapists:*MISS S. GEORGE, L.C.S.T. (*to 2nd June*)

MRS. P. MASON, L.C.S.T., Dip.I.P.A.

MRS. J. E. PETTIGREW, L.C.S.T., Dip.I.P.A. (*part-time from 3rd February*)MISS V. SPARKE, L.C.S.T. (*from 11th September*)MRS. W. E. TURNER, L.C.S.T., Dip.I.P.A. (*part-time*)*Chiropodists:*

R. GASKILL, L.Ch., S.R.Ch.

A. BROWN, M.Ch.S., S.R.Ch. (*from 5th June*)

VITAL STATISTICS

GENERAL

Area of the Administrative County	574,715 acres
Population (Census 1971, provisional figures)	341,040
„ 1972, mid-year estimate	351,000
Structurally separate dwellings (Census 1961).....	96,552
Private households (Census 1961)	93,649
Rateable value (April 1st, 1972)	£14,505,638
Product of a penny rate (1971/2)	£138,728

BIRTHS

	NORTHAMPTONSHIRE				ENGLAND & WALES
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate</i>	<i>Rate</i>
Total live births	3003	2946	5949		
Live birth rate per 1,000 population.....				16.95	14.79
Illegitimate live births per cent of total live births				7.1	8.6
Stillbirths	24	26	50		
Stillbirth rate per 1,000 live and stillbirths				8.33	11.9
Total live and stillbirths	3027	2972	5999		

DEATHS

Total deaths (all ages)	1832	1732	3564	10.15	12.07
Infant deaths (under 1 year)	59	40	99		
Infant mortality rate :					
Total (per 1,000 live births)				16.64	17.22
Legitimate (per 1,000 legitimate live births)				16.28	
Illegitimate (per 1,000 illegitimate live births)				16.86	
Neonatal (first four weeks) mortality rate per 1,000 live births.....				10.59	11.54
Early neonatal (under 1 week) mortality rate per 1,000 live births				9.41	9.85
Perinatal (stillbirths and deaths under 1 week combined) mortality rate per 1,000 live and stillbirths				17.82	21.97
Maternal deaths (including abortion)				1	
Maternal mortality rate per 1,000 live and stillbirths				0.17	*

NORTHAMPTONSHIRE

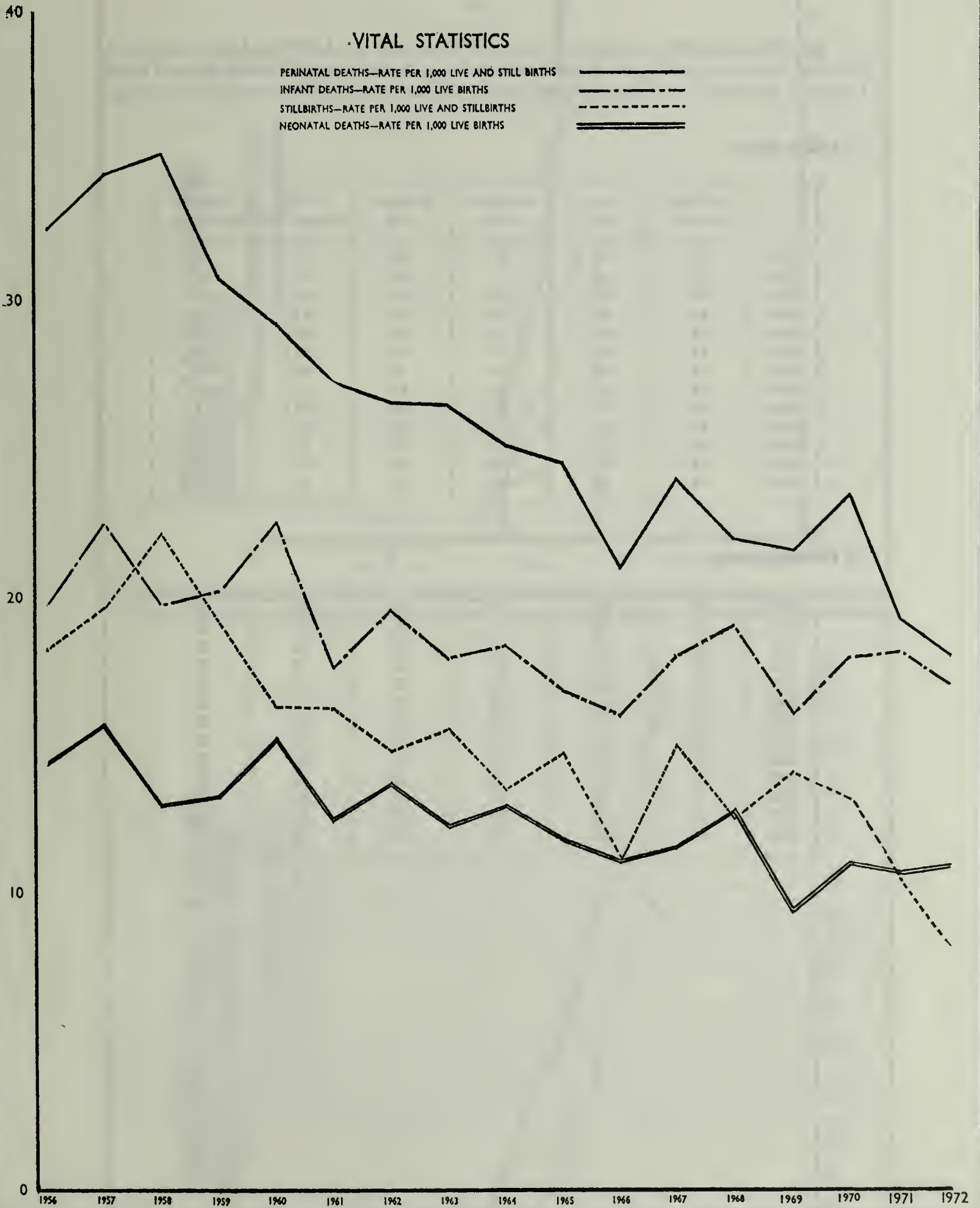
Birth and death rates 1968-1972

	1972	1971	1970	1969	1968
Live birth rate per 1,000 population ...	16.95	18.48	17.71	18.10	18.80
Stillbirth rate per 1,000 live and stillbirths ...	8.33	10.58	13.19	14.03	12.45
Infant mortality rate per 1,000 live births ...	16.64	17.92	18.05	16.07	19.24
Neonatal mortality rate per 1,000 live births ...	10.59	10.69	11.37	9.21	12.77
Perinatal mortality rate per 1,000 live and stillbirths ...	17.82	19.13	23.53	21.45	21.95
Maternal mortality rate per 1,000 live and stillbirths ...	0.17	0.16	nil	0.17	0.35

* Not available.

VITAL STATISTICS

PERINATAL DEATHS—RATE PER 1,000 LIVE AND STILL BIRTHS
 INFANT DEATHS—RATE PER 1,000 LIVE BIRTHS
 STILLBIRTHS—RATE PER 1,000 LIVE AND STILLBIRTHS
 NEONATAL DEATHS—RATE PER 1,000 LIVE BIRTHS



The following tables compare (a) the infant death rate per 1,000 live births, and (b) the perinatal death rate, per 1,000 live and still births, in Northamptonshire with those of Corby, Daventry, Kettering and Wellingborough, and for England and Wales over the last twelve years.

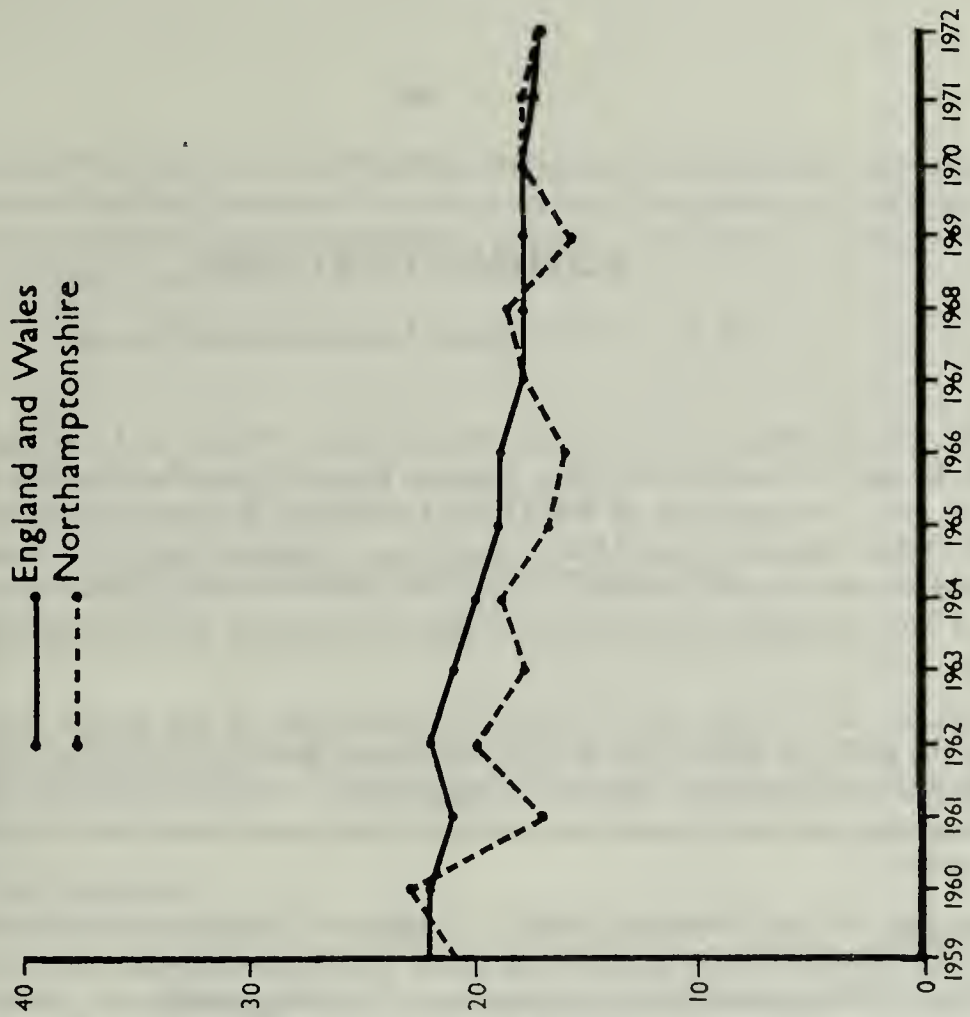
(a) **Infant deaths**

	<i>Northamptonshire</i>	<i>Corby UD</i>	<i>Daventry MB</i>	<i>Kettering MB</i>	<i>Wellingborough UD</i>	<i>England and Wales</i>
1960	23	32	29	19	18	22
1961	17	30	—	16	17	21
1962	20	26	19	11	26	22
1963	18	20	10	18	14	21
1964	19	23	10	23	23	20
1965	17	29	—	15	18	19
1966	16	28	16	9	20	19
1967	18	22	15	17	17	18
1968	19	19	25	24	26	18
1969	16	19	7	15	21	18
1970	18	22	14	22	25	18
1971	18	25	28	15	7	18
1972	17	22	28	11	22	17

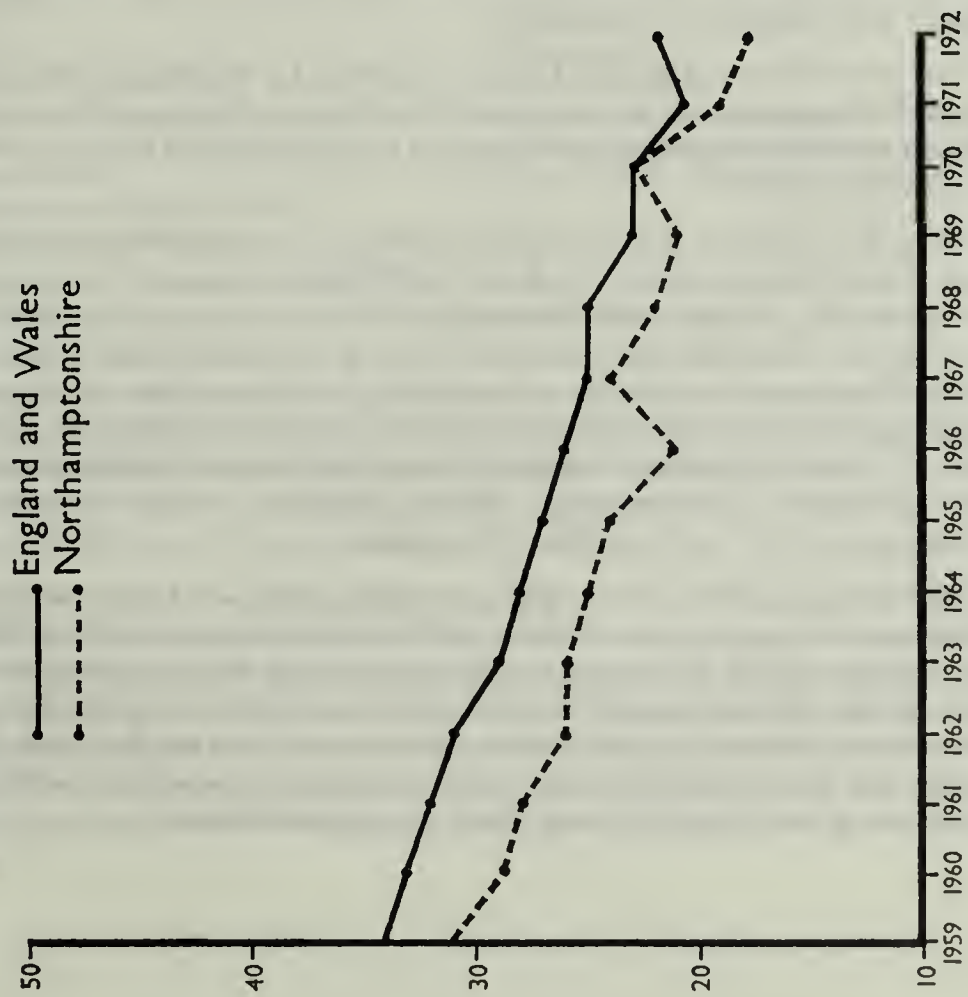
(b) **Perinatal deaths**

1960	29	30	14	17	38	33
1961	28	38	15	30	24	32
1962	26	32	36	17	34	31
1963	26	27	28	29	23	29
1964	25	31	38	27	33	28
1965	24	32	42	27	16	27
1966	21	31	24	18	26	26
1967	24	23	15	30	24	25
1968	22	26	34	21	29	25
1969	21	26	18	15	18	23
1970	23	29	17	31	35	23
1971	19	19	18	17	15	22
1972	18	23	18	18	23	22

INFANT DEATHS - RATE PER
1,000 LIVE BIRTHS



PERINATAL DEATHS - RATE PER
1,000 LIVE AND STILL BIRTHS



ADMINISTRATION

MR. R. J. BRUCE, CHIEF ADMINISTRATIVE OFFICER

The Co-ordinating Group of Chief Administrative Officers of Local Health Authorities within the area covered by the Oxford Regional Hospital Board held its first meeting on 17th January and I was honoured by being elected Chairman, and later became its representative on the Oxford Regional Joint Liaison Committee. Meetings were held regularly during the year and as with all gatherings of this type, the greatest value probably came from personal contact with colleagues from other authorities and members of other branches of the Health Service.

Several other notable steps towards Re-organisation of the Health Service were taken during the year. In March, Dr. R. G. Rowe, Senior Medical Officer from the Department of Health and Social Security, visited the department to talk to senior staff and discuss any problems which may have resulted from the issue of the Second Green Paper and the Consultative Document.

In June, at the instigation of Mr. G. J. Roberts, Chairman of the Health Committee, a conference was held at the Cripps Postgraduate Medical Centre which was attended by representatives of all interested health organisations in Northamptonshire, i.e., the Hospital Management Committees, Executive Councils and Local Health Authorities, as well as senior local government officers. This meeting, which was under the chairmanship of Alderman A. C. A. Colton, Chairman of the County Council, was addressed by a representative of McKinsey & Company Inc., Management Consultants.

The first meeting of the Joint Liaison Committee for the proposed new Area Health Authority for Northamptonshire was convened by the Principal Regional Officer of the Department of Health and Social Security on 18th July and the Chairman and Secretary of the Joint Liaison Committee were elected.

Hard on the heels of this meeting came the issue in August of the White Paper "National Health Service Re-organisation: England", to be closely followed by the publication in September of the report "Management Arrangements for the Re-organised National Health Service". Since that time there has been a constant round of meetings of Joint Liaison Committees and Working Parties and a steady flow of re-organisation circulars from the Department of Health and Social Security, staff information bulletins and staff advisory committee information circulars. The work resulting from this volume of information rapidly gathered momentum and received a further "booster dose" by the publication of the "National Health Service Re-organisation Bill" in the middle of November.

Whilst one can look back on 1972 as a year in which some fears were allayed and others were aroused, it is quite certain that the bulk of the work to be carried out by this Department prior to re-organisation will have to be undertaken during 1973 and early 1974. Having undergone a similar, although probably less traumatic, exercise in re-organisation as a result of the National Health Service Act, 1946, which was implemented on 5th July, 1948, I can only express the hope that the re-organisation now being arranged will benefit the patient as much as the introduction of the original National Health Service did in 1948 !

Apart from the above, there were no substantial changes in the administrative arrangements of the department other than those which will be mentioned elsewhere, e.g., the upsurge in interest in health centres and the implementation, in part, of the Mayston structure for the management of the nursing services.

HEALTH CENTRES

(Section 21, National Health Service Act, 1946)

MISS J. PEARSON, SENIOR ADMINISTRATIVE ASSISTANT (HEALTH CENTRES)

The year was an extremely busy one and as the popularity of health centres grows, so the demand for these buildings increases. A summary of the position at the end of the year is as follows:

Health Centres now operating—5

HEALTH CENTRE:	Wellingborough Queensway (Temporary)	Daventry	Burton Latimer	Towcester	Irthlingborough
Opened:	Dec. 1968	Jan. 1969	Dec. 1970	Feb. 1971	Oct. 1972
No. of family doctors	3	8	4	5	4

Activity during 1972

Health Centres opened	...	1	...	...	Irthlingborough
Loan sanction obtained	...	2	...	...	Rothwell; Irchester
Loan sanction sought	...	1	...	...	Wellingborough Queensway Estate, Permanent
Site obtained/reserved	...	2	...	...	Corby Danesholme; Barton Seagrave
Health centres being planned		4	...	...	Brackley; Corby; Finedon; Kettering
Consulting suites for family doctors (excluding L.H.A. facilities):							
			initially:	3	15	1	4
			increasing to:	6	—	—	15
Extensions being planned	...	3	...	...	Burton Latimer; Daventry; Towcester

On 14th September, Alderman Mrs. D. P. Oxenham, C.B.E., Chairman of the Special Services Committee, officially opened the fifth health centre in the County at Irthlingborough. The family doctors commenced working there on 1st October. This health centre is different from any other in the County in as much as it occupies the ground floor of a building with a branch of the County Library on the upper floor.

It provides the main surgery for a group practice of four doctors, although branch surgeries at Raunds and Woodford continue to be held. Local health authority services transferred to the health centre include health education, ante-natal/relaxation and speech therapy. It is anticipated that early in 1973 the child health clinics will be transferred and hearing assessment clinics will commence. Both the family doctors' surgeries and local authority clinics are run on an appointment system, which, after the first few weeks proved to be popular and has been accepted by the patients as being satisfactory.

As in other health centres throughout the County, the treatment room is staffed by a district nurse during surgery hours.

In addition to office and surgery accommodation the health visitors have an interview/consulting room, which it has not been possible to provide in other health centres. This is a great advance and ensures that members of the public can be seen by health visitors or any other member of the local authority staff throughout the day and not only when a surgery is available for use. The supporting staff comprising an administrator and part-time clerk/receptionists provide secretarial and clerical help for the family doctors and local health authority staff.

Throughout the year meetings continued to be held regarding the Corby health centre, with representatives of the Oxford Regional Hospital Board, consultant architects and Department of Health and Social Security. This is a major project and entails a mass of detailed work. Plans have been submitted to the Department of Health and Social Security and it is likely that this health centre will be a two storey building.

Loan sanction was obtained for the health centres at Rothwell and the mini-health centre at Irchester and it is hoped these centres will be in operation towards the end of 1973. Application has been made for loan sanction for the permanent health centre on the Queensway Estate, Wellingborough.

Some family doctors in Brackley have expressed a desire to work from a health centre and meetings were held with them and the Executive Council. It is hoped that negotiations for a site will be resolved early in 1973.

The doctors at Burton Latimer health centre, who also hold a surgery in Finedon have expressed a wish to have a mini-health centre in Finedon similar to the one to be provided at Irchester. Interest has again been shown by some doctors in Kettering to operate from a health centre. In any event with local health authority needs increasing, it will be necessary to provide some accommodation in the town centre as well as in the Deeble Road area of Barton Seagrave.

A site for the erection of a health centre in the Danesholme area of Corby has been earmarked in the "Neighbourhood Centre".

In spite of the fact that Burton Latimer and Towcester health centres have been opened for barely two years, extensions are already being requested. The planning of extensions at Daventry commenced during the year. The pressure on accommodation at this health centre is very great, especially as a consultant paediatrician and a chiropodist are now holding regular sessions there.

Daventry health centre was visited in October by 150 members of the American Nursing Home Association under the auspices of the Association of University Programs in Hospital Administration (America).

This and all the other health centres continue to attract visitors from abroad as well as from the United Kingdom.

With so many facilities under one roof a better service is available to the patient and it is hoped that this leads to a higher standard of medical care. The greater variety of services being provided from one building has led to an increasing awareness of the value of health centres. Provided that an intimate atmosphere is preserved and that an impersonal approach to dealing with a patient's needs is avoided, health centres will eventually come to be recognised as a natural focal point for the provision of medical care.

The provision of just one extra room for the use of local health authority consultations in the Irthlingborough health centre has more than justified itself in the short time this centre has opened and points to the fact that if facilities are provided they will be used to the full and for the ultimate good of community health. Although "shared accommodation" sounds fine on paper, in practice it is found that after a very short time of operating from a health centre, the family doctors spend more and more time consulting in their surgeries with a consequent reduction in the amount of time that these rooms are available for local health authority use. In future health centres, more accommodation will be allocated to what are now known as local health authority services but this accommodation must be integrated with that provided for general practice services.

CHILD HEALTH

DR. V. V. TRACEY, SENIOR MEDICAL OFFICER FOR CHILD HEALTH

1. Assessment centres

The assessment centre started in Wellingborough at the end of 1971 has continued to function and a total of 34 children have been seen for preliminary and review assessments. A number of children have been referred to consultant paediatricians with the agreement of general practitioners and some children have been ascertained as in need of special education and brought to the notice of the Chief Education Officer for placement at special schools.

An effort has been made to re-structure the toddlers clinic in Corby to operate on assessment centre principles. It is planned to establish centres in other towns as premises and the availability of professional staff permit.

Plans are being formulated for a hospital assessment centre to be opened early in 1973 to serve the child population of Northampton County Borough as well as the County and will provide an essential link in the chain of assessment procedures. At present children in need of hospital facilities for assessment have to be admitted to the paediatric department of one of the general hospitals or make repeated out-patient attendances for special investigations. A hospital assessment centre will enable these investigations to be carried out by a multi disciplinary team in the shortest possible time under more appropriate conditions for children who are not necessarily in ill health. The community based assessment centres will have an important role in screening children to identify those most in need of hospital assessment, as well as their primary function to assess children with less complex problems needing less specialised diagnostic techniques.

Thirty-four children were offered appointments to attend the assessment clinic at 18a Oxford Street, Wellingborough during 1972. Thirty-eight children in total have been offered appointments to attend the clinic since its establishment in November, 1971.

A total of 14 assessment clinics were held in 1972; 16 having been held since November, 1971.

2. Observation register

The section of the observation register dealing with children born before 1st January 1968

is reported on in the School Health section of the report as this age group has reached compulsory school attendance age.

As the children covered by the computerized section of the observation register grow older, the observation category headings under which they are registered at birth or shortly after, become progressively less applicable to the conditions requiring continued surveillance. Thus a child born in 1968, and categorized for observation because of low birth weight and short gestation period is likely, by 1972, to be remaining under surveillance because of developmental delay. The computer programme now in use does not provide a sufficiently wide selection of alternative categories to show in detail the diverse reasons for observing older children. Though this restricts the usefulness of the computerized system as a source of statistical information about diagnoses it fortunately does not impair its usefulness for recording the names of children for surveillance and for facilitating their recall for periodic examinations.

Analysis of observation categories					1972	1971	1970	1969	1968	Total
Gestation period less than 36 weeks and birth weight under 4½lbs ...					36	41	40	31	18	166
Birth weight under 4½lbs, but gestation period more than 36 weeks ...					31	43	21	13	17	125
Gestation period less than 36 weeks but birth weight more than 4½lbs ...					41	52	48	24	14	179
Gestation period more than 42 weeks ...					7	11	4	6	7	35
Jaundice—more than 20mgm% ...					6	10	5	4	3	28
Birth asphyxia ...					34	23	12	17	7	93
Respiratory distress, cyanotic attacks ...					10	1	2	6	5	24
Congenital malformations ...					38	49	36	38	29	190
Other ...					281	392	252	139	149	1,213
Total ...					484	622	420	278	249	2,053
Live Births...					5,949	6,362	5,983	5,974	6,030	
Percentage on register ...					8.1	9.8	7.0	4.7	4.1	

The monthly master-file print out of the observation register tape gives details of every child whose name has at any time been on the register. By means of coding, the master-file shows which children are current cases still under observation and which children are considered to be developing normally and no longer in need of special periodic observation. The coding system also shows the children who have moved out of the County and those who have died.

During the year, 33 children whose names were on the observation register died, 15 moved out of the County and 53 were considered to be developing normally and their names were removed from the current list.

A number of children over the age of two years have already been ascertained as handicapped pupils in need of special education and brought to the notice of the Chief Education Officer. Some, particularly the mentally handicapped children, are already receiving special education. Cases of mental handicap form the largest group as it is, in many instances, possible to reach a firm decision about the educational needs of those children at quite a young age. Children with severe visual and hearing defects should also be recognized as early as possible so that plans for their special education can be made without delay.

The observation register is an important part of the procedure for bringing to light children in need of special provisions, especially special education, but must be supported by a programme of screening tests applied to all children.

Observation register at 31st December, 1972.

	<i>Blind</i>	<i>Deaf</i>	<i>Partially Hearing</i>	<i>Physically Handicapped</i>	<i>Subnormal</i>	<i>Total Classified Cases</i>	<i>Not yet Classified</i>	<i>Total Current Cases</i>
1968	—	—	2	2	21	25(10%)	224	249
1969	—	2	2	1	6	11(4%)	267	278
1970	1	—	—	—	8	9(2%)	411	420
1971						—	622	622
1972						—	484	484

During the year one child was found to be suffering from phenylketonuria and was put on a low phenylalanine diet on which she fed well and gained weight.

3. Child health clinics

The second mobile health clinic, which was delivered in November 1971, was brought into operation at the beginning of 1972. The clinic has been used to extend the service provided for both children and adults and it was necessary to reappraise the child health clinic programme. A number of child health clinics, which were previously held in inadequate premises or where the number of children attending was small, were incorporated in the mobile clinic programme.

The use of a second mobile clinic has now made it possible to continue the review of the use of child health clinics and to maintain a flexible programme, ensuring that the number and frequency of clinic sessions provided is appropriate to the needs of the area concerned.

4. Survey of hospital discharges—children under the age of twelve

For a period of three months between September and November, the clerks of the Departments of Community Medicine were asked to forward full details of all children under twelve years of age who were in-patients at Kettering and Northampton Hospitals. During the period, information relating to 891 children was collected and an analysis of this is given below.

<i>Year of birth</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Percentage</i>
1972	44	21	65	7.30
1971	52	25	77	8.64
1970	33	24	57	6.40
1969	36	33	69	7.74
1968	47	29	76	8.53
1967	64 (276)	42 (174)	106 (450)	11.90 (50.51)
1966	49	48	97	10.89
1965	56	31	87	9.76
1964	44	18	62	6.96
1963	40	24	64	7.18
1962	25	33	58	6.51
1961	23	23	46	5.16
1960	15	7	22	2.47
1959	3	2	5	0.56 (49.49)
	531 (59.60%)	360 (40.40%)	891	100

Surgical admissions (including general, ear, nose and throat, orthopaedic and ophthalmic)

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>%</i>
Tonsillectomy and/or adenoidectomy	117	101	218	24.47
Appendicectomy and abdominal pain	40	37	77	8.64
Herniotomies	29	9	38	4.26
Circumcision	39		39	4.38
Orchidopexies	23		23	2.58
Strabismus	17	14	31	3.48
Head injuries	42	33	75	8.42
Other injuries	16	13	29	3.25
Other surgical	38	29	67	7.52
	<hr/> 361	<hr/> 236	<hr/> 597	<hr/> 67.00

Medical admissions

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>%</i>
Respiratory infections	35	25	60	6.73
Epilepsy and convulsions	17	16	33	3.70
Accidental poisoning	17	10	27	3.03
Diarrhoea	14	9	23	2.58
Urinary infections	1	6	7	0.79
Asthma	6	2	8	0.90
Central nervous system	6	5	11	1.25
Enuresis	1	2	3	26 2.92
Gastro-intestinal diseases	—	2	2	
Anaemia	—	1	1	
Leukaemia	1	1	2	
Purpura	2	—	2	
Cardio-vascular disease	1	2	3	
Rheumatic diseases	5	—	5	
Diabetes	1	1	2	
Nephrosis	—	2	2	4
Failure to thrive	2	2	4	
	<hr/> 109	<hr/> 86	<hr/> 195	<hr/> 21.88
Other admissions not falling into the above classifications ...	<i>Male</i> 61	<i>Female</i> 38	<i>Total</i> 99	<i>%</i> 11.11

It is interesting to note that almost 60% of admissions related to males (in the under 5 years group this was 61.33%) but if strictly male operations e.g. (circumcision and orchidopexy) were taken into account the proportion of males fell to 56.57%.

Surgical admissions accounted for 67.00% of all admissions with tonsillectomy and adenoidectomy accounting for 24.47% of them.

Admissions tended to fall off in the 7-8 year age group and medical admissions were high in the first year and then gradually decreased although this is not shown in the tables.

With one exception, all the children admitted through accidental poisoning were in the 2-5 year age group.

5. Welfare foods

At the end of the year there were 78 distribution centres, including child health clinics. The full-time centre at Northampton and the part-time centres at Corby, Kettering, Rushden

and Wellingborough are manned by County Council staff. In addition, food is sold from the mobile clinics. The remaining centres, which include houses and shops, are manned by voluntary workers and a debt of gratitude is due to them for their continuing good work.

During the year 36 centres were closed either through lack of demand for foods or because of difficulty in finding a replacement distributor. The introduction of a second mobile clinic has also led to the closing of village centres. More villages are being covered by the mobile clinics and mothers have been able to obtain their milk and vitamins on their monthly visits to them and have forsaken the village welfare foods centre.

At the beginning of the year, the Department of Health and Social Security ceased supplying cod liver oil, orange juice and A and D tablets and substituted A, D and C tablets for expectant mothers and vitamin drops for babies. This accounts for the substantial drop in the sale of these foods. The statistics are presented in Table IV.

CHILD HEALTH STATISTICS AND TABLES

TABLE I

Premature infants

(Birth weight 5½lbs or less, irrespective of gestation period.)

				1972	1971	1970	1969
Premature live births							
Born in hospital	...	...	...	383	401	364	336
Born at home	...	...	...	14	9	37	30
				<hr/>	<hr/>	<hr/>	<hr/>
				397	410	401	366
				<hr/>	<hr/>	<hr/>	<hr/>
Premature stillbirths							
Born in hospital	...	...	...	25	47	38	50
Born at home	...	...	...	1	—	1	2
				<hr/>	<hr/>	<hr/>	<hr/>
				26	47	39	52
				<hr/>	<hr/>	<hr/>	<hr/>
Total live and stillborn premature births				423	457	440	418
Percentage of total live and stillbirths				7.1	7.2	7.2	6.9

TABLE II

Infant deaths

Details were received during the year of 102 children dying under the age of one year, 65 of them during the first month of life.

Age at death	Under 24 hours	Weeks		Months											Total
		Under 1 week	1-4 weeks												
				2	3	4	5	6	7	8	9	10	11		
	27	31	7	12	3	11	3	0	1	0	1	5	1	102	

The causes of death under the age of one year are analysed in the following table.

1. Deaths under 4 weeks of age

Prematurity	13
Congenital malformation	16
Prematurity and respiratory distress syndrome	6
Prematurity associated with other conditions	14
Respiratory distress syndrome	1
Cerebral haemorrhage	3
Anoxia/asphyxia	6
Neonatal infections	3
Rhesus incompatibility	2
Accidental	1
	<hr/> 65

2. Deaths between 4 and 52 weeks of age

Respiratory infections	18
Acute bronchiolitis	1
Broncho-pneumonia	4
Virus pneumonia	3
Sudden death in infancy	8
Acute tracheo-bronchitis	2
Other infections... ..	5
Congenital malformations	9
Fibro-cystic disease	1
Wernig Hoffman disease	1
Venous thrombosis	2
Accidental	1
	<hr/> 37
	<hr/> 102

Child deaths between the age of 12 months and five years

<i>Age at death in years</i>	1	2	3	4	5	<i>Total</i>
Numbers	14	6	3	1	1	25
Causes of death						
Sudden death in infancy syndrome						
(all children aged 1 year)						3
Congenital heart conditions						4
Broncho-pneumonia						6
(a) as sole cause of death					1	
(b) in association with congenital abnormalities					5	
Acute tracheo laryngitis						1
Status asthmaticus						1
Asthma and Apert's syndrome						1
Lung abscess in child with cystic fibrosis						1
Gastro-enteritis						2
Fractured skull						1
Brain abscess associated with trauma						1
Status epilepticus						1
Acute intussusception (post-operative)						1
Cerebral neoplasm						1
Wernig Hoffman's disease						1
						<hr/> 25

In this age group there is a wider range of causes of death but congenital abnormalities or syndromes were present in 13 of the cases.

TABLE III

Congenital malformations observable at birth

During the year, 72 babies were reported as having a total of 80 abnormalities, seven having more than one abnormality. Eight babies were stillborn and six subsequently died.

CENTRAL NERVOUS SYSTEM					LIMBS				
Anencephalus	...	...	...	4	Polydactyly	...	...	...	3
Spina bifida	...	...	...	11	Reduction deformity hand or arm	...	...	...	1
Hydrocephalus	...	...	...	9	Talipes	...	...	...	19
Microcephalus	...	...	...	1	Unspecified limb malformations	...	...	...	2
EYE AND EAR					OTHER PARTS OF MUSCULO-SKELETAL SYSTEM				
Accessory auricle	...	...	...	1	Other malformations of musculo-skeletal system	...	...	...	2
Other specified malformations of ear	...	...	...	1					
ALIMENTARY SYSTEM					OTHER SYSTEMS				
Cleft lip	...	...	...	5	Other malformations of face and neck	...	...	...	1
Cleft palate	...	...	...	2	Exomphalos, omphalocele	...	...	...	1
Malformations of tongue	...	...	...	3	Pigmented naevus	...	...	...	3
Tracheo-oesophageal fistula	...	...	...	1					
phageal atresia and stenosis	...	...	...	1					
URINO-GENITAL SYSTEM					OTHER MALFORMATIONS				
Hypospadias, epispadias	...	...	...	4	Other and unspecified congenital malformations	...	...	...	1
Malformations of male external genitalia	...	...	...	2	Down's syndrome	...	...	...	2
Malformations of female vagina and external genitalia	...	...	...	1					

The incidence of congenital malformations has also been analysed by site in the table below and compares the figures with those for 1971 and the national rate.

Where a child had multiple abnormalities of the same generic category (e.g. spina bifida and hydrocephalus; or hare lip with cleft palate) it has been included in the table once only.

Category	Northamptonshire				England and Wales	
	1972	%	1971	%	1971	%
Central nervous system	20	26.7	24	23.3	3,378	25.7
Eye and Ear	2	2.7	4	3.9	500	3.8
Alimentary system	11	14.7	11	10.6	1,595	12.1
Cardio-vascular system	—	—	6	5.8	714	5.4
External genitals	7	9.3	11	10.7	1,136	8.6
Limbs	25	33.3	29	28.2	5,206	39.6
Other	10	13.3	18	17.5	632	4.8
Total	75	100.0	103	100.0	13,161	100.0

TABLE IV

Sales of welfare foods

		1972	1971	1970	1969	1968
National dried milk						
(full and half cream)	...	14,079	15,827	27,848	45,460	59,319
Cod liver oil ...	...	135	2,018	4,007	4,222	4,474
A and D tablets	...	438	3,790	5,113	4,341	3,930
A, D and C tablets	...	2,510	—	—	—	—
Orange juice ...	...	31,676	91,335	94,603	88,444	79,331
Vitamin drops	...	15,880	5,326	—	—	—
		<u>64,718</u>	<u>118,296</u>	<u>131,571</u>	<u>142,467</u>	<u>147,054</u>

TABLE V

Child health clinics

Sessions were held in the following towns and villages.

Barton Seagrave	Gretton	Roade
Blisworth	Hackleton	Rothwell
Bozeat	Hartwell	Rushden
Brackley	Helmdon	Silverstone
Braunston	Irchester	Thrapston
Brixworth	Irthlingborough (St. Peter's Hall)	Towcester
Broughton	Kettering (School Lane)	Weldon
Cogenhoe	Kettering (St. John)	Welford
Collyweston	Kings Sutton	Wellingborough (Oxford Street)
Corby (Pen Green Lane)	Kislingbury	Wellingborough (Queensway H.C.)
Corby (Beanfield)	Middleton Cheney	Wellingborough (Hemmingwell
Corby (Stuart Road)	Moulton	Lodge) (from April 1972)
Daventry	Nether Heyford	Welton
Deanshanger	Old Stratford	Wollaston
Desborough	Onley Park	Woodford Halse
Doddington, Great	Oundle	Wootton
Earls Barton	Potterspury	Yardley Gobion
Finedon	Raunds	Yardley Hastings
Geddington		

In addition, the mobile health clinics provided facilities in 56 villages.

	1972	1971
Number of children under the age of 1 year who made a first attendance	4,689	4,867
Number of children over 1 year and under 5 years of age who made a first attendance	1,138	1,014
Total attendance by children under 1 year	39,537	41,764
Total attendance by children 1-5 years	17,988	21,378

ADULT HEALTH

DR. N. SOLOFF, SENIOR MEDICAL OFFICER FOR ADULT HEALTH

1. Medical examinations of council employees

OPERATIONAL FIREMEN

In 1972, the scheme to carry out periodical examinations of operational firemen aged 40 years and over commenced. During the year, 34 firemen were examined, 33 of whom were found to be fit to carry out duties. The one remaining case seen in the latter part of the year is to be reviewed early in 1973. Thirty-seven new appointments to this service have also been examined of whom 31 were found to be fit and six were unfit.

AMBULANCEMEN

Twelve medical examinations were undertaken on ambulancemen appointed to the service, all of whom were found to be fit to undertake duties.

PRE-EMPLOYMENT OF COUNCIL STAFF

Completed medical questionnaires and X-ray reports were received on 490 members of staff appointed to departments within the County Council. Further information was required on 63 of these and this was obtained from their general practitioners. All applicants were passed as fit to undertake duties.

2. Family planning

The number of patients attending this authority's clinics increased during 1972 to 3,690 compared with 1,944 during the previous year, representing an increase of 90%. The number of new patients was 957 compared with 670 in 1971.

The average number of patients seen at each clinic rose from 12 to 15, and this may be partly attributed to the reduction, from 35% in 1971 to 26%, in the proportion of new patients, who require more clinic time for discussion and counselling at the initial visit.

A survey was carried out of patients attending the clinic for the first time between January and March. Of the 179 patients included, 128 (72%) continued to attend the clinics, and 116 (91%) of these patients continued the form of treatment first prescribed. The majority of patients who failed to continue to attend were followed up by the health visitor and in other cases the reason for non-attendance was ascertained.

A domiciliary service was introduced during the year, forming an integral part of the present service, which will be extended in order to make family planning facilities available in their own homes for women who are unable or unwilling to attend the clinics provided. This service will cater solely for women in priority groups and advice, treatment and supplies will be provided free of charge. When visiting patients, health visitors already offer advice on family planning and will now be able, where appropriate, to refer patients for an appointment at the clinic or a domiciliary visit. A survey carried out earlier showed that there is a group of women who do not attend the clinics for various reasons, including problems in caring for the children and fear or reluctance, but for whom family planning is most important.

A booklet giving information on family planning was published by the department and the use of this was evaluated in a survey. The majority of those who replied indicated that they had gained some useful information from the booklet. At the end of the year the booklet was revised and arrangements were made to include details of the clinics provided in the Borough of Northampton so that the booklet may be used in both authorities.

In November, the Department of Health and Social Security wrote to local authorities regarding the NHS (Family Planning) Amendment Act 1972, a private member's bill which enables local health authorities, with the approval of the Secretary of State, to provide vasectomy as part of the family planning services they provide.

During 1972 the number of clinic sessions increased to 231, compared with 157 in 1971.

BRACKLEY

The premises in St. Peter's Road, Brackley, were adapted for use as a family planning clinic and a regular monthly clinic commenced in November.

CORBY

An extra monthly session was established in November, increasing the number of clinics each month to seven.

TOWCESTER

A second monthly session was established in May.

WELLINGBOROUGH

Two additional monthly clinics were provided, commencing in March and September respectively, increasing to six the number of clinics held each month.

FAMILY PLANNING STATISTICS

1. Clinics and attendances

			<i>Clinics held*</i>		<i>Total attendances</i>	
	1967		36		371	
	1968		50		349	
	1969		81		464	
	1970		123		1,089	
	1971		157		1,944	
	1972		231 (15)		3,690	
			<i>Clinics held</i>	<i>New patients</i>	<i>Re-visits</i>	<i>Total</i>
1972						
Brackley	...	...	2	8	—	8
Corby	...	...	73 (15)	359	1,515	1,874
Daventry	...	...	35	122	352	474
Kettering	...	...	35	119	286	405
Rushden	...	...	12	55	82	137
Towcester	...	...	22	67	94	161
Wellingborough	...	...	52	227	404	631
Total 1972	...	...	231 (15)	957	2,733	3,690
%	...	...		25.9	74.1	
1971	...	...	157	670	1,274	1,944
%	...	...		34.5	65.5	

* Double doctor sessions shown in brackets

2. New patients

(a) Referred on—				Social grounds	Medical grounds	Non-priority	Total
Brackley	...	...	...	1	3	4	8
Corby	...	...	...	200	74	85	359
Daventry	...	...	...	91	31	—	122
Kettering	...	...	...	79	9	31	119
Rushden	...	...	...	55	—	—	55
Towcester	...	...	...	28	4	35	67
Wellingborough	...	...	...	167	7	53	227
Total 1972	...	...	...	621	128	208	957
%	...	...	...	64.9	13.4	21.7	
1971	...	...	...	399	87	184	670
%	...	...	...	59.5	13.0	27.5	

(b) Referred by—				G.P.	H.V.	Other L.A. staff	Hospital	F.P.A.	Self
Brackley	...	...	...	—	8	—	—	—	—
Corby	...	...	...	71	152	3	—	23	110
Daventry	...	...	...	80	38	—	—	—	4
Kettering	...	...	...	52	51	—	1	6	9
Rushden	...	...	...	17	35	—	1	2	—
Towcester	...	...	...	47	20	—	—	—	—
Wellingborough	...	...	...	44	88	2	—	22	71
Total 1972	...	...	...	311	392	5	2	53	194
%	...	...	...	32.5	41.0	0.5	0.2	5.5	20.3
1971	...	...	...	222	225	6	7	49	161
%	...	...	...	33.2	33.6	0.9	1.0	7.3	24.0

(c) Treatment received				Oral contraceptives	I.U.D.	Other methods	Advice
Brackley	...	...	...	1	—	4	3
Corby	...	...	...	154	112	67	26
Daventry	...	...	...	72	29	15	6
Kettering	...	...	...	21	65	18	15
Rushden	...	...	...	5	40	8	2
Towcester	...	...	...	10	39	11	7
Wellingborough	...	...	...	88	80	49	10
Total 1972	...	...	...	351	365	172	69
%	...	...	...	36.7	38.1	18.0	7.2

(d) Age distribution

Ages		15-19	20-24	25-29	30-34	35-39	40+	Un-known	Total
1972	...	100	338	297	130	63	29	—	957
%	...	10.5	35.3	31.0	13.6	6.6	3.0	—	100
1971	...	77	238	202	82	36	30	5	670
%	...	11.5	35.4	30.2	12.2	5.4	4.5	0.8	100

(e) Parity

Parity		0	1	2	3	4	5	6+	Un-known	Total
1972	...	116	173	341	196	88	28	15	—	957
%	...	12.1	18.1	35.6	20.5	9.2	2.9	1.6	—	100
1971	...	102	97	205	149	70	24	19	4	670
%	...	15.2	14.5	30.6	22.2	10.5	3.6	2.8	0.6	100

Family Planning Statistics — 1962 to 1972

TOTAL ATTENDANCES



(f) Marital status			<i>Married</i>	<i>Widowed</i>	<i>Separated</i>	<i>Divorced</i>	<i>Unmarried</i>	<i>Unknown</i>	<i>Total</i>
1972	...	...	835	8	28	16	70	—	957
%	...	...	87.3	0.8	2.9	1.7	7.3	—	100
1971	...	...	572	2	20	2	71	3	670
%	...	...	85.4	0.3	3.1	0.3	10.5	0.4	100

3. Family planning training

During the year, application was made to the Family Planning Association for the training of four general practitioners and a medical officer employed by this authority, together with fifteen nursing and health visiting staff.

The training consists of three days lectures at the Family Planning Headquarters in London followed by six practical sessions at a family planning training clinic. A further six sessions are necessary for I.U.D. training.

At the end of the year there were twenty-four health visiting and nursing staff fully trained, five undergoing training and a further sixteen awaiting training. In addition, six medical staff trained through the Health Department, were working in the Authority's clinics.

4. Cervical cytology

In my annual report for 1971 it was reported that a new mobile health clinic was purchased in November which was designed to provide facilities for cervical cytology examinations. During 1972 this mobile service was brought into operation and at the end of the year 18 sessions had been carried out in villages in the County and a total of 329 women had been examined.

The service was continued also at cytology clinics and family planning clinics in the County, and a total of 1,044 examinations were carried out, compared with 978 in 1971. The total examinations carried out at mobile and static clinics were 1,373, which represent a marked increase over the 1971 figure. Table VI shows the total number of smears taken in the County compared with those taken in health department clinics, the results of which are shown in Table VII.

TABLE VI
CERVICAL CYTOLOGY STATISTICS

<i>Year</i>	<i>Smears taken in County</i>	<i>Smears taken in Health Department clinics</i>
1969	14,343	952
1970	15,545	1,084
1971	17,581	978
1972	19,407	1,373

TABLE VII

RESULTS OF TESTS AT COUNTY COUNCIL CLINICS

	<i>Negative</i>		<i>Treatment required for minor conditions</i>		<i>Equivocal Results</i>		<i>Positive</i>		<i>Total</i>		
	<i>First test</i>	<i>Repeat test</i>	<i>First test</i>	<i>Repeat test</i>	<i>First test</i>	<i>Repeat test</i>	<i>First test</i>	<i>Repeat test</i>	<i>First test</i>	<i>Repeat test</i>	<i>Total</i>
Static Clinics	703	250	30	10	30	21	—	—	763	281	1,044
Mobile Clinics	186	90	24	12	8	9	—	—	218	111	329
	889	340	54	22	38	30	—	—	981	392	1,373

5. Provision of medical and nursing equipment

The total number of items supplied by the Department under this scheme decreased slightly and during the year 3,375 items were issued.

The decrease in numbers was in part due to the relationship which has, and is continuing, to develop between the occupational therapists employed by this Department and those employed by the Social Services Department, who between them have ensured the provision of equipment to help with the rehabilitation of patients suffering acute and chronic disability.

The majority of requests was met within 48 hours and in cases where the request was classed as urgent it was usually possible to provide the items within 24 hours.

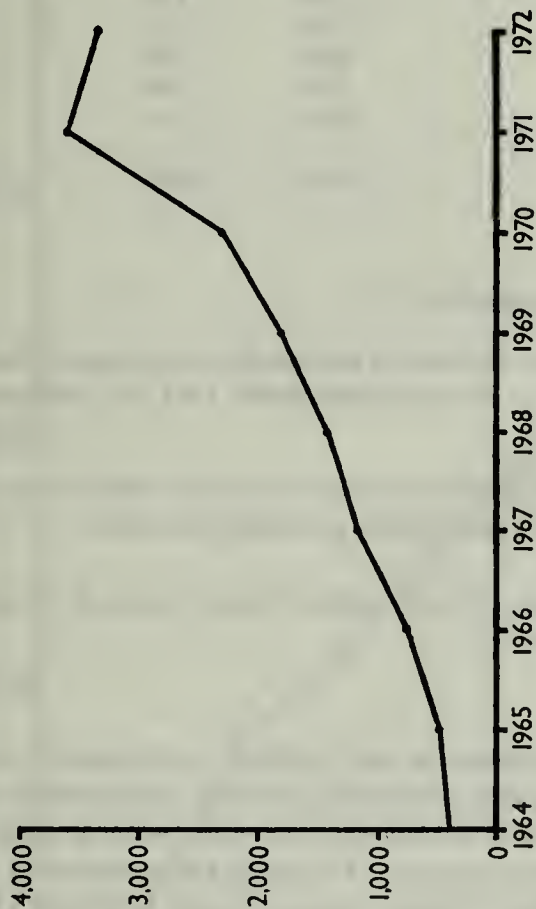
Obtaining the return of equipment on loan to patients continues to be a problem and a "follow-up" scheme has been initiated, whereby the continued need for expensive items is assessed, to ensure that patients are receiving the full benefit of the equipment with which they have been provided. The number of items returned under this scheme for refurbishing and re-issue totalled 1,023.

All the hoists were again serviced by an engineer from the manufacturers who called at the addresses of the patients and serviced the hoists on site, thus ensuring that the machines were guaranteed for safe-loading and correct function. Completed certificates are held by this Department.

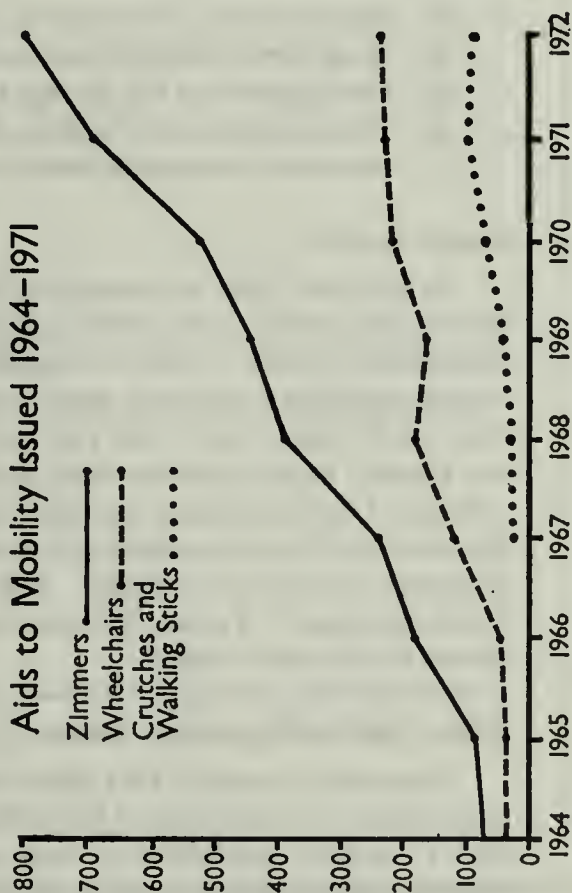
Ripple beds are still in great demand throughout the County and at the end of the year eight of these were on loan to patients.

PROVISION OF MEDICAL AND NURSING EQUIPMENT

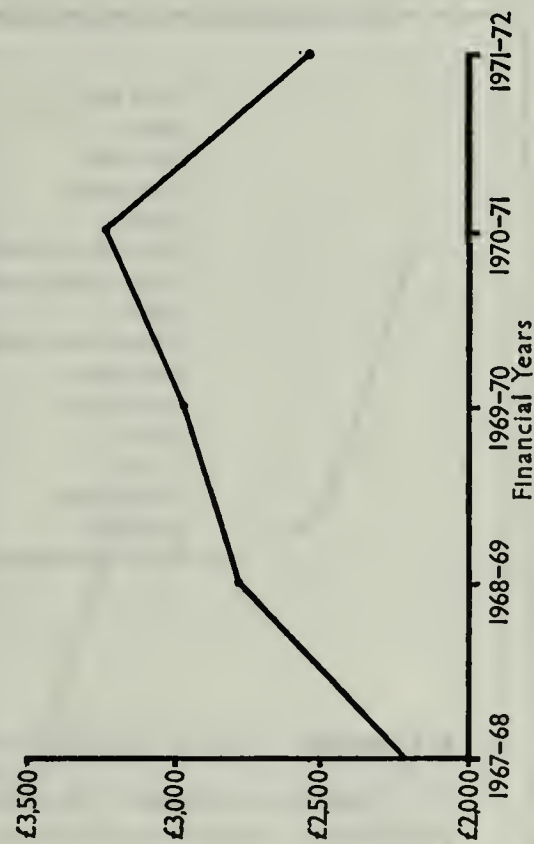
Total Items of Medical and Nursing Equipment Provided 1964-1972



Aids to Mobility Issued 1964-1971



Cost of Medical and Nursing Equipment



The table below compares items issued in 1972 with the previous year:

				1972	1971
Back rest	...	...	...	236	240
Beds	...	...	...	26	41
Bed pans	...	...	...	160	152
Commodes	...	...	...	500	518
Cradles	...	...	...	195	190
Crutches and walking sticks	...	...	...	99	97
Foam rubber rings	...	...	...	235	229
Hoists	...	...	...	20	16
Lifting poles and chains	...	...	...	54	41
Mattresses	...	...	...	29	41
Toilet aids	...	...	...	260	175
Tripods	...	...	...	142	116
Urinals	...	...	...	120	111
Wheelchairs	...	...	...	240	228
Zimmers	...	...	...	798	698
Other miscellaneous items	...	...	...	261	701
				<hr/> 3,375	<hr/> 3,594

6. Chiropody: MR. R. GASKILL—COUNTY CHIROPODIST

Figures for the year 1972 show a significant increase in the number of chiropody treatments provided as compared with the previous year. There is little doubt that this increase can be attributed to four major factors.

- (1) The provision in the latter part of the year of a direct service, in certain cases.
- (2) Much better liaison between all parties involved in providing the service.
- (3) Consolidation of the present scheme.
- (4) The provision of a system of patient referral which through general practitioners, nurses etc., ensured a better coverage.

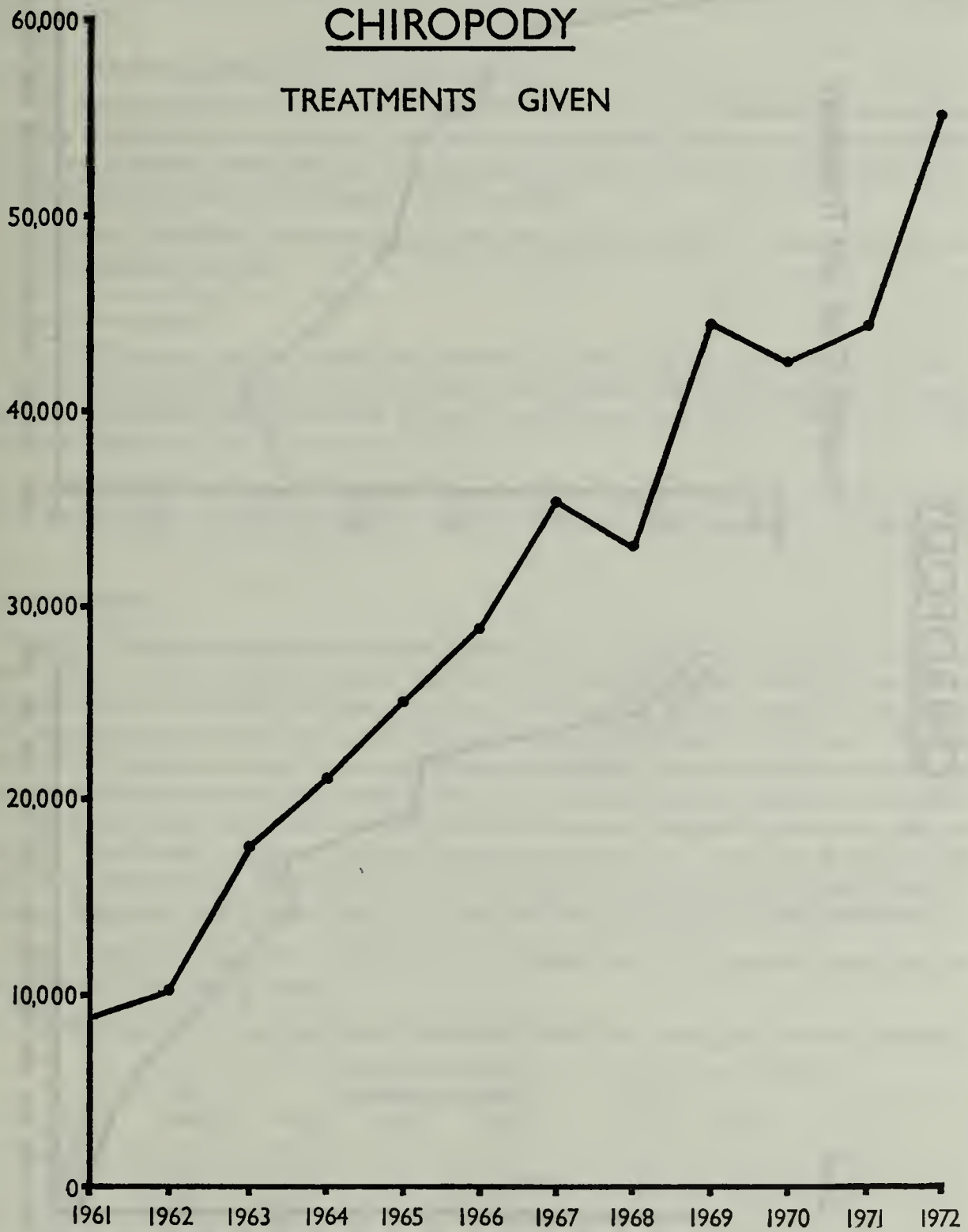
DIRECT SERVICE

In the past there has always existed a problem in the provision of chiropody treatments to areas where due to the small number of people involved it has been impractical to consider establishing a clinic. With the appointment of a second full-time chiropodist in June 1972, it became possible to provide a direct service to such areas. Following the provision of a mobile clinic in the latter part of the year the facilities available are second only to those to be found at a Health Centre or purpose-built clinic. During the period 5th June to the 31st of December, a total of 1,227 treatments were provided by the direct service. 679 of these were undertaken in clinics and 548 were provided on a domiciliary basis. During this same period a new system of patient referral was adopted. This enabled requests for treatment to be made directly to this Department. To-date 320 such requests have been received, mainly from general practitioners and district nurses.

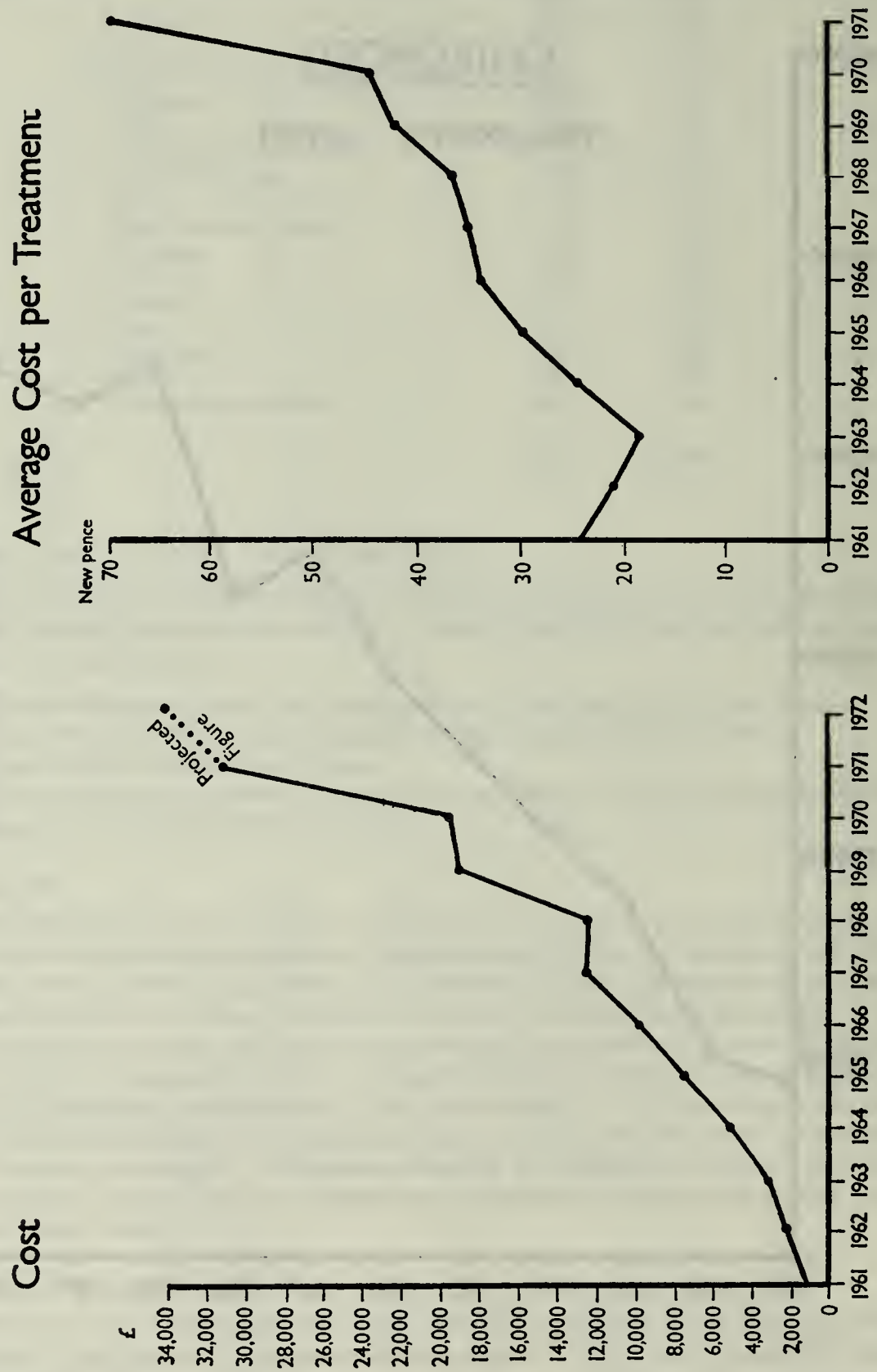
CONSOLIDATION OF PRESENT SERVICE

Towards the end of 1971 steps were taken to relieve a number of the larger voluntary organizations of any financial involvement with the scheme. This became necessary to ensure that a complete breakdown of these services did not occur. This proved so successful that following approaches from other voluntary committees it was decided to extend this to the

CHIROPODY
TREATMENTS GIVEN



CHIROPODY



County as a whole. As a result of this action it has been possible to standardize the patient's contribution towards the cost of treatment whilst at the same time it has made it unnecessary for voluntary committees to impose a limit on the number of treatments provided due to financial considerations.

LIAISON BETWEEN CHIROPODISTS AND THIS AUTHORITY

The experience gained in these first amendments to the service underlined the fact that if further amendments to the scheme became necessary it would be of value to all concerned if there was available a local body able to negotiate with this authority on behalf of all chiropodists in the county having involvement with the service.

Following discussions, the Northamptonshire Chiropody Liaison Committee was formed towards the end of the year.

EXTENSION OF SERVICE

During the past year the service has continued to extend in part through the formation of new voluntary committees. However, there is little doubt, that whilst voluntary help will always be both needed and appreciated, the time is fast approaching when this service must seek to lose its Darby and Joan Club image.

It is intended during the coming year to extend the service to cover groups such as the young handicapped and to make use wherever possible of local health authority premises.

7. Haemodialysis

During the year six patients requiring home dialysis installations were referred by the renal unit at Churchill Hospital, Oxford. In three of these cases it was decided to convert an existing bedroom for dialysis purposes. In one of these cases it would have been appropriate to have provided a cabin, but as the patient would not agree to undergo dialysis in a cabin her wishes were respected and a bedroom was converted, although this course of action did cause accommodation problems for the family. In two cases, cabins were provided. In the other case the patient lived alone and it was not possible to recruit a helper to assist him with his dialysis. The Health Committee had approved the provision of a cabin but in view of the difficulties concerning the helper this was never installed. The patient subsequently received a kidney transplant, which unfortunately was not successful and he died shortly afterwards.

One patient who had been undergoing home dialysis since 1968 married during the year and moved to an adjoining county.

The following table is an analysis of the dialysis cases in the County at the end of the year.

Year	No. referred	Type of installation			Position in 1972		
		Room	Prefabricated cabin	Sectional cabin	Under dialysis	Died	Left County
1967	1	1	—	—	—	1	—
1968	4	4	—	—	1	2	1
1969	4	2	2	—	3	1	—
1970	1	—	—	1	1	—	—
1971	4	1	2	1	4	—	—
1972	6	3	2	—	5	1	—
	20	11	6	2	14	5	1

8. Occupational therapy

The future of the community occupational therapy service is under consideration, and to this end much discussion has taken place this year locally and in the region.

Discussions have taken place with the Social Services Department and with hospital consultants and occupational therapists, in a continuous effort to utilize the occupational therapists' skills in assessment and rehabilitation, with less time being spent on diversional activities.

A meeting was held in March, to review the scheme for assessment of patients referred for Department of Health and Social Security invalid chairs and cars. The scheme was considered of have been successful and also an appropriate use of occupational skills. Contact with general practitioners and nursing staff was found to be a useful means of introducing them to the occupational therapists and explaining how the occupational therapists could help in the rehabilitation of their patients.

To maintain an up-to-date knowledge of wheelchairs and cars available, staff visits were made to the Artificial Limb and Appliance Centres at Oxford and Nottingham during the year.

In August, the Department of Health and Social Security extended the referral system for invalid chairs and cars, allowing general practitioners to make direct application, instead of referring to a hospital consultant. The opportunity was taken to offer the services of the occupational therapists to the general practitioners, for advice and assessment of patients' needs in relation to invalid vehicles. A letter was written to general practitioners in September, inviting requests to be made through the Departments of Community Medicine at Kettering and Northampton General Hospitals. This service was utilized by a number of doctors and is reported on in the section dealing with the Departments of Community Medicine.

Staff visits were made to the Possum Unit, Aylesbury, in June and to the Children's Prosthetic Unit, Queen Mary's Hospital, Roehampton in July.

Clubs at Thrapston and Desborough have remained active and the attendances for the year were 1,647. Difficulties were encountered with transport facilities at the Desborough Club but this has now been resolved.

Various social functions were arranged, including outings to Woburn and Billing and the usual bazaars and Christmas parties were held during the winter months.

OCCUPATIONAL THERAPY STATISTICS

<i>New patients</i>					<i>Total</i>	<i>Age of patient</i>					<i>Total</i>
Male	...	...	...	...	146	Under 15	...	...	...	...	30
Female	...	...	...	...	240	15-29	...	...	...	...	13
						30-39	...	...	...	...	10
Total	...	...	...	...	386	40-49	...	...	...	...	21
						50-59	...	...	...	...	40
						Total under 60	...	...	...	...	114
<i>Diagnosis</i>						60-64	...	...	...	...	30
Amputation ...	...	...	...	...	28	65-69	...	...	...	...	66
Arthritis and rheumatism	...	...	...	...	114	70-74	...	...	...	...	45
Blind and partially sighted	...	...	...	...	5	Total 60-75	...	...	...	...	141
Bone disease and injury	...	...	...	...	28	75-79	...	...	...	...	51
Cardiovascular	...	...	...	...	35	80-84	...	...	...	...	39
Deaf and partially hearing	...	...	...	...	—	85-89	...	...	...	...	25
Digestive and genito-urinary	...	...	...	...	5	90+	...	...	...	...	7
Mental disorders	...	...	...	...	7	Total over 75	...	...	...	...	122
Neuromuscular						Unknown	...	...	...	...	9
(inc. cerebro-vascular accident)	...	...	...	...	142	Total	...	...	...	...	386
Respiratory	...	...	...	...	7						
Other	...	...	...	...	15						
Total	...	...	...	...	386						
<i>Referral agency</i>						<i>Visits</i>					
Community nursing staff	...	...	...	...	58	No. of visits to:					
General practitioner	...	...	...	...	15	Patients seen for the first time in 1972	...	...	...	...	671
Social Services Department	...	...	...	...	83	Patients seen before 1972	...	...	...	...	1,773
Departments of Community Medicine	...	...	...	...	21						
Department of Health and Social Security	...	...	...	...	22						2,444
Hospitals	...	...	...	...	45						
Other local authorities	...	...	...	...	25	Club attendances	...	...	...	...	1,647
Medical loans section	...	...	...	...	98						
Other	...	...	...	...	19						
Total	...	...	...	...	386						

9. Deaths ascribed to pregnancy and childbirth

The usual investigation was carried out into the death of a patient, aged 32 years, at Kettering General Hospital. The cause of death was:

- 1a Cerebro-vascular accident
- b Congenital vascular malformation of the choroid plexus
- 2 The normal delivery of a live child

A second case was investigated but enquiries relating to this have not been completed.

NURSING SERVICES

(Sections 23, 24 and 25 National Health Service Act, 1946)
(Sections 10 and 11 Health Services & Public Health Act, 1968)

MISS V. M. GREENHAM, DIRECTOR OF NURSING SERVICES

1. Introduction

In my report for 1971, I drew attention to the increasing emphasis on care in the community and the need for a high standard of continuity between home and hospital care. During 1972, this trend has continued, with active steps being taken in preparation for the reality of an integrated National Health Service in 1974—a service which should not only provide greater continuity and better care for individual patients but also a more flexible and effective deployment of nursing staff.

These steps are referred to later in my report. They include the introduction of the revised “Mayston” management structure and the further development of general practice attachment and of cross-boundary visiting. At all levels, staff are increasingly making an effective contribution to various Working Parties, Committees and other less formal groups. This has helped to generate goodwill which enabled real progress to be made in many fields. The role of the nurse is continually changing and can only be considered in close relationship with other members of the Health and Social Services.

Nursing staff are concerned with many of the functions of the Health Department and reference to their activities will also be found in other sections of the Report, especially those dealing with Child Health, Adult Health and Health Education.

2. Staffing

(a) *Establishment*

Director of Nursing Services	62 Health visitors
Divisional Nursing Officer	7½ School/clinic nurses
4 Area Nursing Officers	116 home nurses and midwives (76
1 Area Nursing Officer (Training)	nurses and 40 midwives)
7 Nursing Officers	6 nursing aides

(b) *Senior nursing structure*

The revised management structure as recommended in the Mayston Report was implemented in April. Certain nursing functions were decentralized and the health visiting, school nursing, home nursing and midwifery services are now co-ordinated by an Area Nursing Officer based at offices in Corby, Kettering, Wellingborough and Northampton. Appointment of the full complement of twelve Nursing Officers is being phased, as financial resources become available.

(c) *Field staff*

The establishment of field staff represents staff/population ratios considerably below those

suggested by the DHSS in Circular 13/72. The estimated requirements for qualified health visitors and home nurses in this County are approximately 40% above the suggested minimum.

	<i>Establishment</i> 31.12.72	<i>Ratio/ population</i>	<i>DHSS suggested ratios</i>		<i>Estimated needs for N'shire</i>
			<i>Min.</i>	<i>Max.</i>	
Health visitors	62	1:5751	1:4600	1:3000	1:4000
Home nurses	76	1:4692	1:4000	1:2500	1:3500

The volume of work has nevertheless continued to expand (see “ Comments on Statistics ”).

(d) *Community nursing teams*

Except for a few specialist and relief nurses all staff are now working in some form of group practice attachment scheme. Full attachment cannot be achieved until adequate staff are available for relief from within each group practice.

(e) *Recruitment*

It is becoming increasingly difficult to recruit qualified health visitors, hence the importance of the availability of easily accessible training establishments, including facilities for training of married women on a part-time basis. The newly-approved course at Milton Keynes College of Education will be of considerable help for students living in the south of the County while others may continue to train at Leicester Polytechnic or elsewhere.

Recruitment of all other grades of staff has been satisfactory, with waiting lists for posts as home nurses and school/clinic nurses.

3. Education and in-service training

(a) *Committee on nursing*

The Committee on nursing set up under the chairmanship of Professor Asa Briggs, presented its report to Parliament in October 1972. Radical changes are proposed in the statutory framework and in the system of nurse education, combined with a younger entry and a common basic training for all nurses and midwives. These changes would have important implications not only for the nursing profession but also for the NHS as a whole.

An early effect on the community nursing service would be an increased demand on training facilities for students undertaking their basic training, far beyond the number of students at present taking a Community Care Option during their training—see paragraph four below.

(b) *In-service training*

The ever-widening range of duties—in the clinical, teaching and managerial fields—has required an extensive training programme. An Area Nursing Officer (Training) was appointed in January 1973 but, up to then, training functions devolved on the managerial staff. Study days and short courses have been increasingly shared with colleagues from hospitals and adjoining local authorities and invitations to join medical post-graduate sessions have also been appreciated.

(i) CLINICAL EDUCATION

The usual pattern of regular refresher courses for midwives and health visitors was continued and, for the first time, extended to state enrolled nurses. Social workers as well as hospital and community nursing staff attended a two-day Family Planning Appreciation Course run by the

Family Planning Association with the support of the Department of Health and Social Security. This course is to be repeated during 1973. One domiciliary midwife obtained the Advanced Diploma in Midwifery and other staff are following courses in connection with the Open University and for the Diploma in Nursing. Family planning training is referred to under "Adult Health". Twenty-four staff are trained, five are undergoing training and a further sixteen are awaiting training.

(ii) TEACHING

With the expansion of training requirements for both qualified staff and students, it will be essential to increase the number of instructors in the clinical field. The present staff includes nine fieldwork instructors, six practical work instructors and fifteen approved teaching midwives. Two health visitors are studying for the Further Education Teacher's Certificate.

(iii) MANAGEMENT

Nursing officers and senior fieldstaff have had management training at various levels and the Director of Nursing Services attended a "Management of Integrated Health Care" course at York University.

(c) *District nurse training school*

Two courses were held and once more a 100% success rate was achieved. Twenty-six candidates, including 10 sponsored by neighbouring authorities were awarded the National District Nurse Certificate. The revised national syllabus has been introduced. Almost all of the full-time staff are district-trained. In-service training was given to practical work instructors and to nursing aides.

4. Student training

(a) *Student health visitors*

Fieldwork experience was given to nine students, including four sponsored by other authorities.

(b) *Pupil midwives*

Domiciliary experience was given to 20 pupil midwives from St. Mary's Hospital, Kettering and Horton General Hospital, Banbury.

(c) *Student nurses: General Nursing Council: 1969 syllabus*

A scheme was approved by the General Nursing Council for student nurses training at Kettering and Northampton General Hospitals to undertake six weeks community nursing care experience. The first students began this experience in January 1973, prior to which a special orientation programme was arranged for their tutor.

(d) *Registered mental nurse training*

At the request of the Briggs Committee on Nursing and the General Nursing Council, an experimental course based on the module system has been introduced at St. Crispin Hospital. The course includes 10 weeks based in the community and, from March 1973, four students were to be seconded to community nursing teams attached to family doctors' group practice. Other students will obtain their community experience either with the Social Services Department or with community-based hospital services such as the Day Hospitals and the psychogeriatric domiciliary nurses.

5. Liaison arrangements

(a) *Group practice attachment*

The policy of developing community nursing teams is now such that only a few relief, specialist and ancillary staff are not attached to family doctors' practices. This has been a key factor leading to increased demands on the nursing services.

(b) *Links with Kettering and Northampton Hospitals*

The role of the Departments of Community Medicine at Northampton and Kettering General Hospitals in providing links between the hospitals and domiciliary nursing service are described on page 74.

Health visitors are attached to chest and diabetic clinics in both hospital groups. Miss Cockings' report on sexually transmitted diseases—contact tracing—is included under "Infectious Diseases" (page 71).

A paediatric hospital out-patient clinic has been established at Daventry Health Centre and is attended by a local authority nurse, instead of a hospital nurse from Northampton General Hospital. Team work is facilitated and this clinic is also offering a more personal service to parents and their children since liaison between the paediatrician, the general practitioners and the health visitor is so much closer.

The Director of Nursing Services is a member of the Nursing Education Sub-committee of the Kettering Hospital Management Committee, the Obstetric and Gynaecological Division and the General Practitioner Maternity Unit Liaison Committees at Northampton.

(c) *Links with St. Crispin and Princess Marina Hospitals*

(i) With the establishment of new advisory machinery, the Director of Nursing Services was invited to join the St. Crispin Hospital Nursing Advisory Committee to represent the community interests.

(ii) Domiciliary visiting by Princess Marina nursing sisters commenced in January. Miss D. J. Freeston, the Nursing Officer responsible for liaison with the hospital staff, reports that the scheme is progressing slowly but good contact has been established and this has been helpful to both parties. General practitioners and the community nursing staff now have more information and support available when dealing with any relevant difficult situation in the home. There is increasing involvement in the multi-disciplinary assessment clinics held in out-patient departments and in special schools.

TABLE VIII

<i>Age</i>	<i>Domiciliary visiting</i>	
	<i>Patients</i>	<i>Visits</i>
0-5	3	6
6-16	14	45
Adults	2	3

(d) *Midwifery*

Domiciliary midwives have delivered 476 patients in hospital maternity units at Corby, Wellingborough, Northampton and Banbury. An increase of 245 over 1971. They also attend the Perinatal Mortality meetings at St. Mary's Hospital, Kettering.

The booking of beds for mothers requiring hospital confinement on social grounds was decentralized to two of the Area Offices. During 1972, 2,583 cases were dealt with on behalf of the Corby and Isebrook Maternity Units and the Barratt Maternity Home, Northampton.

The cordial working relationships which have been established auger well for a future integrated midwifery service.

(e) *Education and Social Services*

Close links have been maintained through the Head Teachers' Consultative Committee and other informal meetings. Liaison with the Social Services Department is dealt with in the "Liaison Arrangements" section of this Report (page 74).

(f) *Reciprocal arrangements with other local authorities*

Visiting across county boundaries was extended to a sixth neighbouring authority. Further discussions are now being held so that during the coming year it is hoped that all restrictions barring free movement of nursing staff will be removed.

6. Research

(a) Staff in Kettering area are participating in a national survey on the Physical Growth of School children, which is scheduled to last for several years.

(b) A survey revealed an unmet need for nursing care during the late evening and at night, especially for the chronic sick and those in the terminal stages of illness. As a result an application for a grant from the Urban Aid Programme was favourably received and an experimental scheme in the Kettering area is to be introduced early in 1973.

7. Comments on statistics

Home nursing

Tables and the chart on page 53 give details of home visits and of treatments carried out in health centres or in general practitioners' surgeries.

The most significant figure is the number of home visits paid which, at 230,959 is 10.7% above the 1971 figure. With the opening of Irthlingborough Health Centre late in 1972 and an increased number of treatment sessions undertaken by nurses in doctors' surgeries, there has been a further expansion in the volume of treatments given, the figure of 24,574 being 5.4% above the 1971 figure.

Domiciliary midwifery

Tables XI and XII and the chart on page 51 show the number of patients delivered and their place of delivery.

The total number of births in the County has fallen from 6,419 in 1971 to 5,907 in 1972, but the number of mothers delivered by domiciliary midwives, either in their own homes or in hospital maternity units, has risen from 886 (13.8% of the 1971 total) to 1,003 (16.9%).

In addition, 4,670 mothers were discharged home before the tenth day to the care of the domiciliary staff and 27,708 post-natal visits were paid to these mothers.

In the Corby area it is now rare for a mother to be confined in her own home. To ensure the more economical use of midwives' time and improve working conditions by minimising time

spent "on call", a rota system has been introduced. Calls are received at the Area Office, or by Ambulance Control out of office hours.

Health visiting

Tables XIII and XIV on pages 50 and 52 give details of the work carried out by health visitors and clinic nurses.

Because of the national shortage of health visitors and resultant vacancies in several areas of this County and also due to the more selective visiting of children under five years of age, the number of home visits was reduced. However, health visitors attend more sessions at health clinics and general practitioners' well-baby clinics.

Despite staff shortage, the amount of home visiting to the elderly has expanded although it is known that there are still many unmet needs in this field.

The total number of sessions continues to rise and the trends noted in last year's report are still valid, the main increases being associated with attendance at general practitioners' clinics and with work in the field of family planning and hearing assessment. Vision screening sessions are now included in the table.

Acknowledgements

Thanks are due to all health visiting, nursing and midwifery staff for striving to meet the expanding community needs within the limitations on staff resources; to all those who have willingly co-operated in schemes to improve continuity of patient care; to hospital and other colleagues for sharing training programmes; and to medical and administrative staff for their support and advice.

STATISTICS

Home Nursing

TABLE IX

Home visits 1963-1972

Year	Total cases	At time of first visit			% increase
		Aged over 65	Under 5	Total visits	
1963	6,940	3,638	403	139,589	
1964	6,547	3,168	390	141,952	
1965	6,422	3,512	330	138,748	
1966	7,089	3,864	458	143,955	3.8%
1967	7,580	4,171	355	159,395	10.7%
1968	8,846	5,206	494	166,798	4.6%
1969	8,140	5,263	459	171,380	2.7%
1970	9,433	5,288	513	187,490	9.4%
1971	9,304	6,416	567	196,507	4.8%
1972	12,704	6,348	497	230,959	10.7%

TABLE X

Treatments given at health centres, at Rushden Medical Centre and in general practitioners' surgeries

1970	...	...	12,825
1971	...	...	23,307
1972	...	...	24,574

Domiciliary midwifery

TABLE XI

Notification of births

The number of births notified, after adjustment for transferred notifications, was:

			<i>Live births</i>	<i>Stillbirths</i>	<i>Total</i>	
Domiciliary	...	...	527	3	530	(8.9%)
Hospital ...	...	...	5,380	44	5,424	(91.1%)
Total	...	...	5,907	47	5,954	

*Includes 476 babies delivered by domiciliary midwives in hospital.

TABLE XII

Increasing trend towards confinement on hospital premises

		<i>Hospital</i>					<i>Cases discharged before 10th day</i>	
<i>Year</i>	<i>Domiciliary</i>	<i>%</i>	<i>domiciliary midwife in hospital</i>	<i>%</i>	<i>Hospital (less domiciliary midwives deliveries)</i>	<i>%</i>	<i>Total</i>	
1966	1,258	22.0	—	—	4,427	78.0	5,685	2,432
1967	1,143	20.1	42	0.7	4,491	79.2	5,676	2,860
1968	973	16.0	155	2.5	4,942	81.5	6,070	3,519
1969	948	15.8	157	2.6	4,892	81.6	5,997	3,490
1970	837	13.9	131	2.1	5,059	84.0	6,027	3,941
1971	655	10.2	231	3.6	5,533	86.2	6,419	4,631
1972	530	8.9	476	8.0	4,948	83.1	5,954	4,670

Health visiting

TABLE XIII

Details of home visits paid to:

					1972	1971	1970
Children born in current year	...	...	...	...	29,300	30,970	27,438
Children born in previous four years	...	...	...	...	30,202	39,024	34,705
Tuberculosis	...	...	...	...	89	103	87
Mentally disordered	...	...	...	...	650	595	606
Persons aged 65 years and over	...	...	...	...	6,536	5,675	4,219
Persons discharged from general hospital	...	...	...	...	148	186	84
Other	...	...	...	...	7,773	8,393	9,765
Total	...	...	...	...	74,698	84,946	76,904

STATISTICS OF CONFINEMENTS

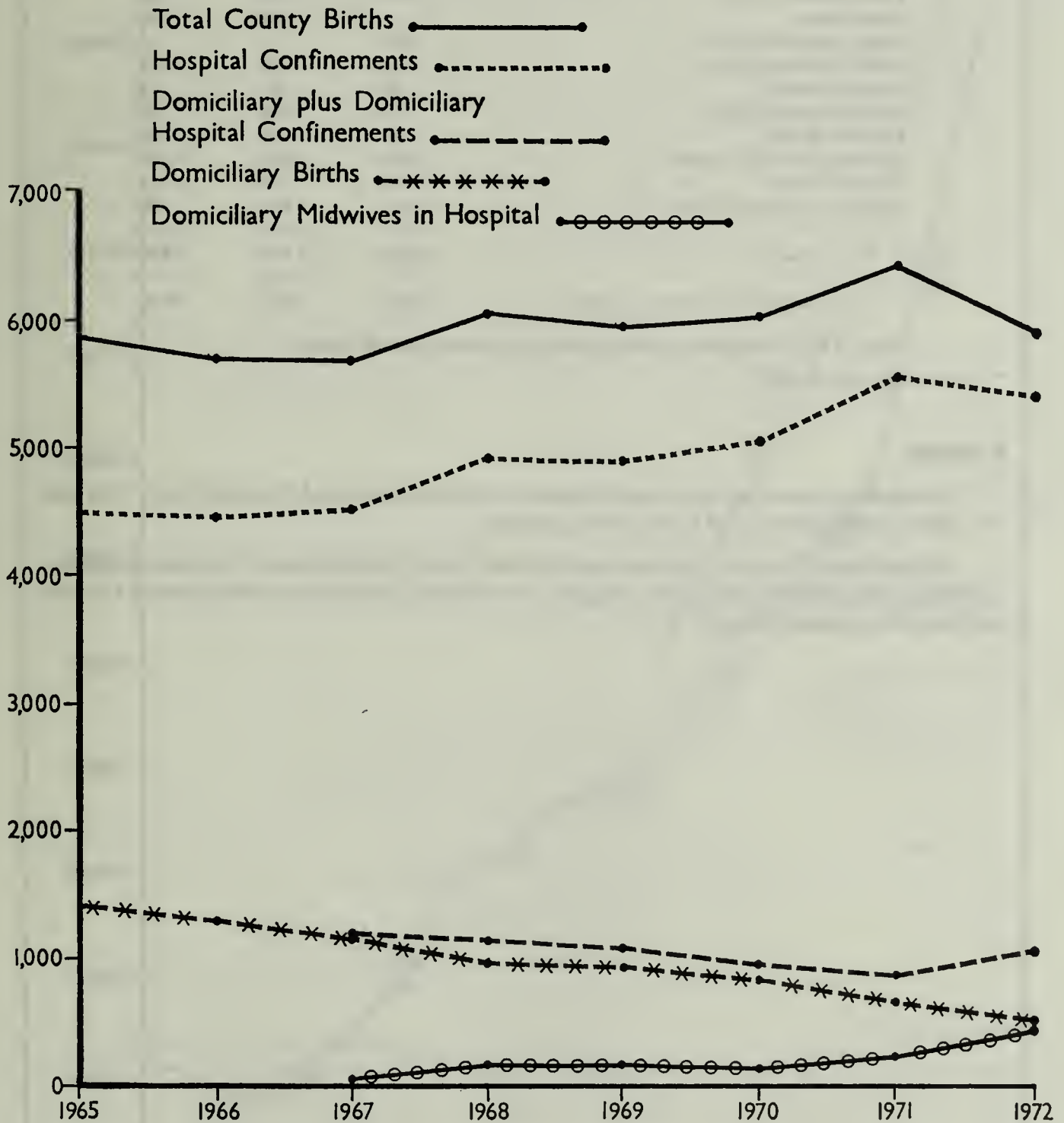


TABLE XIV

Attendances by health visitors at:

				1972	1971	1970
Child health clinics ...	...	...	...	2,336	2,441	1,838
Mobile health clinics ...	...	...	...	687	434	445
Chest clinics ...	...	...	...	277	233	266
Immunisation clinics ...	...	...	...	163	112	114
Vision clinics ...	...	...	...	—	23	41
*Vision screening sessions ...	...	...	...	685	—	—
Family planning clinics ...	...	...	...	558	346	243
Enuresis clinics ...	...	...	...	20	17	7
Venereal disease clinics ...	...	...	...	112	220	89
Diabetic clinics ...	...	...	...	59	48	61
General practitioner clinics ...	...	...	...	7,901	7,327	6,156
Cytology clinics ...	...	...	...	66	13	44
Hearing screening sessions ...	...	...	...	1,264	612	588
Total ...	...	...	...	14,128	11,826	9,892
Increase over previous year: ...	...	...	...	19.5%	19%	39%

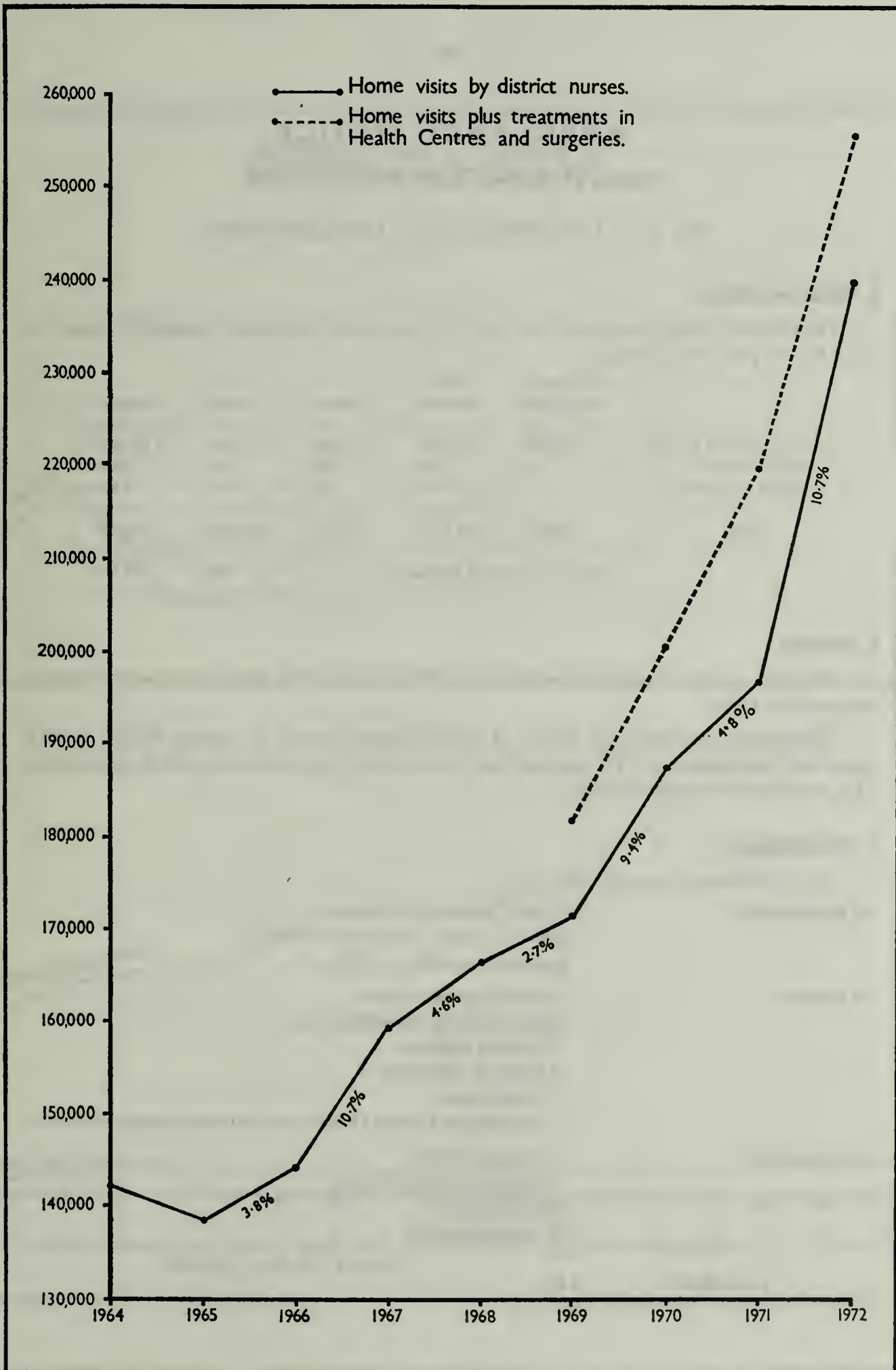
Note: These attendances exclude duties in the School Health Service.

* Not recorded prior to 1972

8. Houses

Two houses owned by the County Council (at Desborough and Rothwell) were sold and two others (at Braunston and Corby) were given up.

The position at the end of the year was that the County Council owned 13 houses, a building containing three flatlets, and three cottages, and rented six houses (four from District Councils and two from another source).



AMBULANCE SERVICE

(Section 27, National Health Service Act, 1946)

MR. P. H. J. WILKINSON, COUNTY AMBULANCE OFFICER

1. Work undertaken

The following table summarises the work of the year and the graph on page 55 shows the trend for the past twenty years.

		<i>Accidents or emergencies</i>	<i>Out- patients</i>	<i>Others</i>	<i>Total</i>	<i>Mileage</i>
County Council service	...	12,850	151,195	16,490	180,535	1,141,891
Agency services	...	7	25	46	78	2,925
Hospital car service	...	—	125	4	129	4,452
Totals	...	12,857	151,345	16,540	180,742	1,149,268
Patients conveyed by train					495	74,993

2. Statistics

The total number of patients decreased by 749 below the 1971 figure and the total mileage increased by 47,928.

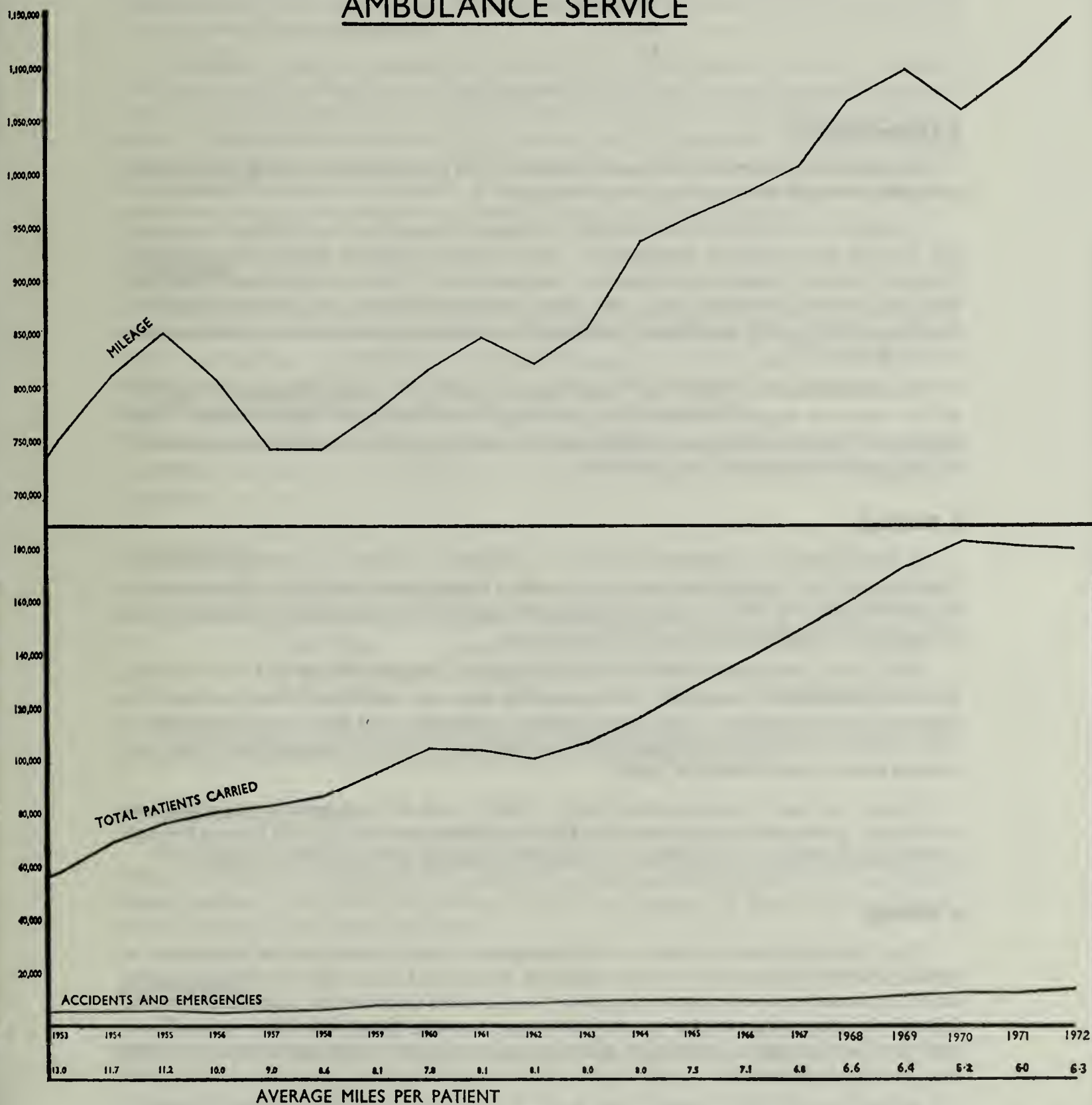
Out-patients accounted for 83.7% of total patients carried, as against 84.3% in 1971. There was an increase of 1,111 accident and emergencies cases conveyed, which accounts for 7.1% of the total patients carried.

3. Establishment

The establishment provides for:

(a) <i>Headquarters—</i>	County Ambulance Officer Deputy County Ambulance Officer Assistant Ambulance Officer
(b) <i>Control—</i>	Control Superintendent Deputy Control Superintendent 5 Control Officers 3 Control Assistants 1 Clerk/typist 1 Ambulance Liaison Officer (at Kettering General Hospital)
(c) <i>Operational—</i>	6 Station Officers 6 Deputy Station Officers 18 Shift leaders 68 Ambulancemen
Total Staff—	113

AMBULANCE SERVICE



(d) <i>Vehicles</i>	20 Ambulances
	20 Dual purpose vehicles
	15 Sitting case vehicles
	—
	55
	—

4. Communications

All calls both urgent and non-urgent continue to be received in the central control room, full details of which were given in last year's report.

Tenders were invited for radio-telephony equipment to meet the new high-band frequencies and the 12½ kcs waveband specifications. The Council decided to acquire the equipment through a finance company on a seven-year lease agreement. Deliveries of the new equipment were being made in December and a start made on the installation. It is not expected that the scheme will be fully operational, including the emergency reserve channel, until approximately March 1973.

The Department of Health and Social Security issued new control procedures (nos. 1-7) for the service in August and these have been incorporated within our control routine. They corresponded very closely to our existing pattern and only a few variations and amendments to our procedures and forms were necessary.

5. Buildings

A new 3-vehicle bay ambulance station was completed at Oundle and officially opened by Alderman A. C. A. Colton, Chairman of the County Council, on 6th May 1972. This has met a long-standing need in the area, where previously vehicles were accommodated in separate lock-up garages and the staff worked from their own houses.

Plans have been agreed with the Oxford Regional Hospital Board and the Kettering Hospital Management Committee for the erection of a new ambulance station adjacent to Kettering General Hospital. The present station, originally an old shoe factory converted as a fire station, is now totally inadequate both for staff and vehicle accommodation, in fact two vehicles have to stand outside at night.

During the year a comprehensive study of likely needs of the service in the whole area was begun. I am grateful to the late Chief Fire and Ambulance Officer for the County Borough of Northampton for his co-operation in assessing the needs in and around Northampton.

6. Training

Four station officers attended a multi-disciplinary week's course on the supervision of manual workers organized by the East Midlands Provincial Council and four deputy station officers attended a one week's potential officers' course at the Leicestershire Ambulance Training School. It is hoped that further courses will become available for all supervisors in accordance with the Local Government Training Board Recommendation 14 "Ambulance Officers" which was issued in August 1972.

The Assistant Ambulance Officer, Mr. M. Tarry, attended a two-weeks' middle-management course at Minehead organized by the South-West Provincial Council and the County Ambulance

Officer attended a three weeks' management course for senior officers in the N.H.S. at the Leicester Polytechnic. Thirty-two ambulancemen attended the training courses at the Leicester Training School, 20 on the two-week refresher course and 12 on the six-week recruit course, all of whom passed their examinations.

In-hospital training was commenced in October 1972, arrangements having been made for two men per week to attend each at Kettering and Northampton General Hospitals, attendance at the latter hospital being shared with staff from Northampton County Borough ambulance service. The enthusiastic reception of the ambulance staff by the hospital medical and nursing staff augurs well for the integration of the services in 1974. There is no doubt that this training has considerably improved the morale of the ambulancemen, who for the first time feel they are accepted as part of the team in the treatment of ill and injured patients.

7. Equipment

Finance was made available in 1972/73 estimates to equip ambulances to the standard recommended by the Department of Health and Social Security on resuscitation, aspiration, oxygen and Entonox. All ambulances are now so equipped. Three "scoop" stretchers were introduced into the service on field trials—those in use on the Motorway have proved to be very successful and it is hoped to provide more of these stretchers next year.

The introduction of modern equipment and the higher standard of training has greatly benefitted those patients, whom the service has been called upon to transport to hospital in an emergency.

8. Competitions

The annual inter-station competition was held at the new ambulance station at Oundle, and was combined with the official opening. The winners were:

Team Test:	Ambulancemen A. Colsey and W. Forster, Daventry
Attendant's Test:	Ambulanceman P. Foster, Kettering
Driving Test:	Ambulanceman R. A. Whiteland, Wellingborough

The winners later took part in the regional competition held at Norwich in July but were unsuccessful in gaining a place in the National Finals held later in the year.

9. County ambulance officer

Mr. P. H. J. Wilkinson was elected President of the National Association of Ambulance Officers and was also nominated by the County Councils Association to serve on the Ambulance Service Advisory Committee, which was set up by the Secretary of State to advise him on matters relating to the ambulance service.

10. Motorways

There are approximately 27 miles of motorway (M1 and M45) within this County, which provides a high risk area demanding an emergency cover at all times. Both the Daventry and Northampton stations are conveniently situated to provide quick access to the motorway.

During the year 130 calls have been received, 121 for accidents and nine for sudden illness. Although high intensity street lighting has been erected in the Watford Gap service area, there

are still problems with vehicles decelerating to leave the motorway at the entrance to the service area and similarly when vehicles leave the service area, particularly at this latter point where northbound traffic is changing lanes prior to M1 and M45 junction. There were 17 multi-vehicle accidents involving the attendance of three or more vehicles and a particularly serious one on 29th October when 41 casualties were conveyed to hospital. Assistance at the latter incident, which stretched over some six miles of the motorway, was provided by Northampton County Borough, Buckinghamshire and Leicestershire County Council's services. In addition this Authority provided assistance at two large incidents, one in the Luton area on 16th March and one in Buckinghamshire on 26th November.

11. Joint consultative committee

Following a recommendation from the National Ambulancemen's Council, it was decided to set up a joint consultative committee with the ambulance staff. A model constitution based on the recommendation was adopted and equal membership from management and staff were elected. The Council's membership is as follows:

- A member of the Health Committee
- The County Medical Officer of Health (or his deputy)
- The County Ambulance Officer (or his deputy)
- The Control Superintendent
- A representative from the Station Officers
- A representative from the Clerk of the Council's Department
- A representative from the County Treasurer's Department
- A senior administrative assistant from the County Health Department,
who acts as Secretary of the management side

The first meeting was held on 4th September 1972, when Dr. J. Sarginson, Deputy County Medical Officer of Health, was elected Chairman.

HEALTH EDUCATION

MISS J. WINGFIELD, HEALTH EDUCATION ORGANISER

1. Introduction

During 1972 the activities of the health education section were extended to reach many more members of the general public than previously. A notable contribution to this was the use of the health education exhibition caravan at public sites throughout the County; the appointment of a technician/driver in April greatly facilitated the arrangements made for its movement and maintenance. Borough, Urban, Rural and district councils readily co-operated in allocating suitable sites and assisting in publicity. It is of great importance that such links have been made and it is hoped that they will be firmly established during 1973, before re-organization of the National Health Service and Local Government in 1974.

2. Links with hospital services

Another link which has been improved has been with the Barratt Maternity Unit. Evening shows of the film "Barnet", about childbirth, have been presented to joint ante-natal class and hospital audiences at the Cripps Post Graduate Medical Centre.

At Burton Latimer Health Centre a mothers' nutrition club has been established and in recording its success grateful acknowledgement is given for help from the group dietitian at Kettering and District General Hospital.

Groups of nurses from the preliminary training school of St. Crispin Hospital have made visits to the health education section as part of their introductory course on community health. This will be a regular feature of similar future courses. Student nurses have continued to use the health education section as a source of materials for project work, and the opportunity is always taken to give them brief introduction to health education and the facilities provided by this department.

3. Links with industry

At the request of a firm in Corby static displays on home safety and water safety were placed in a main thoroughfare within the factory. At the firm's annual gala day for its staff, our caravan, containing the home safety competition, attracted much attention. A special programme of films was also shown for the benefit of the children present.

The East Midlands Electricity Board provided space in its showroom for a display about the dangers of food poisoning with particular reference to the need for correct cooking of frozen foods.

At Daventry Chamber of Commerce Fair, a display portraying the work of the County Ambulance Service in emergency situations, was produced by the health education section. At a similar function organized by the Rotary Club of Northampton, a water safety display was exhibited to complement a demonstration by members of the Underwater Search Unit of the Northampton and County Constabulary.

Visual aids staff assisted the District Medical Officer of Health at a staff training course on food hygiene at a motorway service area.

Kettering Trade Fair, British Timken Show and Corby Highland Gathering were again chosen as occasions for promoting health education to large numbers of the public. The large exhibition, under canvas, showed ways of reducing the likelihood of coronary heart disease including the importance of exercise and weight reduction. The other display, more popular with the children, was the home safety competition described below.

4. Health education exhibition caravan

(a) Exhibition of teaching aids

During the spring the caravan was fitted out with an exhibition of teaching aids for use in schools. This was staged at Teachers' Centres in the County and a number of teachers found it of great interest, additionally very useful links were made with secretaries of the Centres. Details of this and other work concerned with health education and schoolchildren are to be found in the report of the Principal School Medical Officer on page 99.

(b) Home safety competition

In order to remind people of the dangers that tend to go unnoticed in the home it was decided to present an exhibition which would attract the general public all over Northamptonshire. The exhibition was mounted in the health education caravan and included a competition in which any member of the family could compete.

The caravan contained wall-mounted posters, photographs with legends, descriptive matter and histograms; leaflets and booklets and an enlarged model electric plug. The plug clearly showed the correct method of connecting the live, earth and neutral wires, with accurate colouring, almost filling one end wall of the caravan. One corner represented the "cupboard under the sink" with its hidden dangers of harmful household substances.

A bright blue awning running the length of the caravan now doubles the exhibition area, acting as a shelter for sun or rain and adding to the attractiveness of the entrance. On the outside wall of the caravan was a series of brightly coloured pictures related to the competition questions. A green moving message "7,000 people die each year in home accidents. Stop and think and ask yourself, is my home a safe one," also added interest. A pillar box red container for posting completed entry forms stood near the entrance.

The competition had 18 questions and a slogan was also required. Staff were available to start youngsters off on the competition and guide them in finding out the rest of the answers for themselves. Most were completed on the spot, but some were taken home and returned by post. The youngest competitor was 6½ and the eldest 85. Of 1,789 entries—74 were all correct and Lee Barton aged 13 won with the slogan "Win the home safety fight, look for the British Standard Kite".

Health education staff were on duty at all times and were supported by local health visitors and district nurses. A variety of sites was visited. In some areas schools were specially notified of the competition and parties of school children were taken to the caravan by their teachers. In addition to places mentioned in the section on links with industry, advantage was taken of the East of England Show at Peterborough where the display attracted 1,513 visitors. The total number of visitors to the caravan during the year was 10,367.



HOME SAFETY COMPETITION
(See page 60)

HOW TO REDUCE THE
LIKELIHOOD OF
CORONARY HEART DISEASE
(See page 60)





YOUR BODY AND ITS FIVE SENSES — HEARING, SIGHT, SMELL, TASTE AND TOUCH
(See page 99)



Interest was shown by many visitors from voluntary organizations ranging from senior citizens clubs to Brownies, and practical help was gratefully received from Daventry Home Safety Committee and from Mrs. Parslow, Corby Home Safety Officer.

5. Other exhibitions

Recruiting exhibits have been produced for the Community Nursing Service and for Speech Therapists. These have included photographs taken on location by health education staff. British Waterways again donated space during June for a water safety display.

Displays in clinics, health centres and hospital waiting areas have been continued. The health education section has now accumulated a library of display boards of standard size. This policy of standardizing display units is essential if health education staff are to cope with the increasing demands for their services.

6. Venereal diseases

During the autumn plans were put in hand for a campaign to make young people more aware of the dangers of venereal diseases. The main educational activities are to take place in 1973. Preliminary action included discussions with youth leaders, school teachers and staff of technical colleges prior to making contact with young people themselves, in an attempt to ascertain the best ways of tackling the problem. As a result of this action, during the early part of 1973 an Art College was producing sample posters and exhibition material.

The Health Education Organiser and the Assistant Organiser were invited to join a group of young men from industry during a residential course, and provide a session on venereal diseases. Discussion was interspersed with a tape recording, film and slides. The experiment provided the health staff with a useful guide on teaching techniques with such a group, and the organisers of the course have asked for similar sessions at future courses.

A pocket size card giving information about location and times of special clinics was produced for use by general practitioners and health visitors.

7. Other health education activities

During the year the section has purchased three new 16mm films on diverse but equally important topics. The film "Don't Let Him Die" deals with the four basic life-saving first aid measures; "One Way Ticket" concerns the misuse of drugs and is made for teenage audiences; "Ready for Baby" encourages expectant mothers to attend parentcraft classes and is complementary to the longer film "Barnet" which has been in constant demand for senior schoolchildren and ante-natal classes.

The section has received a steady stream of visitors, some expected, others unannounced, seeking information. Groups have ranged from schoolgirls compiling projects on smoking to pupil midwives on observation visits. Individual visitors have come from overseas, from teacher training colleges, the police force, local government offices and voluntary organisations. Conversely the Health Education Organiser and Assistant Health Education Organiser have visited organisations, both at short notice and by long standing arrangement, to present health education programmes on topics ranging from nutrition to mouth-to-mouth resuscitation.

All these requests for information indicate an ever-widening interest, not only in matters of personal and community health, but in the services available from a health education unit.

INFECTIOUS DISEASES

1. Notifications

The total notifications for 1972, given in detail in the table on page 63, show a remarkable decrease on those for 1971. This is mainly due to the sharp fall in the number of cases of measles, whooping cough and dysentery. The reduction in cases of measles is particularly interesting as it coincides with a greatly increasing proportion of children under five who have received measles vaccination.

2. Vaccination and immunisation

(a) CONTROL OF VACCINATION AND IMMUNISATION BY COMPUTER

During the year ten new general practitioners entering practices already participating in the scheme, indicated that they wished to continue the arrangements.

(b) TRIPLE IMMUNISATION AND POLIOMYELITIS VACCINATION

5,959 children received a primary course of triple immunisation in 1972, compared with 5,635 in 1971, and 6,150 children received a primary course of poliomyelitis vaccination compared with 5,847 in 1971.

Children totalling 889 were given a booster dose of triple antigen, and 3,308 received a booster dose of diphtheria/tetanus antigen (the pre-school booster) while 4,371 children had a booster dose of poliomyelitis vaccine.

(c) ANTHRAX VACCINATION

Anthrax vaccination by general practitioners increased this year, 142 doses of vaccine were issued compared with 34 doses in 1971.

(d) YELLOW FEVER VACCINATION

The yellow fever vaccination clinic continues to be held on Thursday morning of each week, and this year 521 people attended.

(e) MEASLES VACCINATION

During the year 5,752 children between the ages of 1 and 7 years were vaccinated against measles.

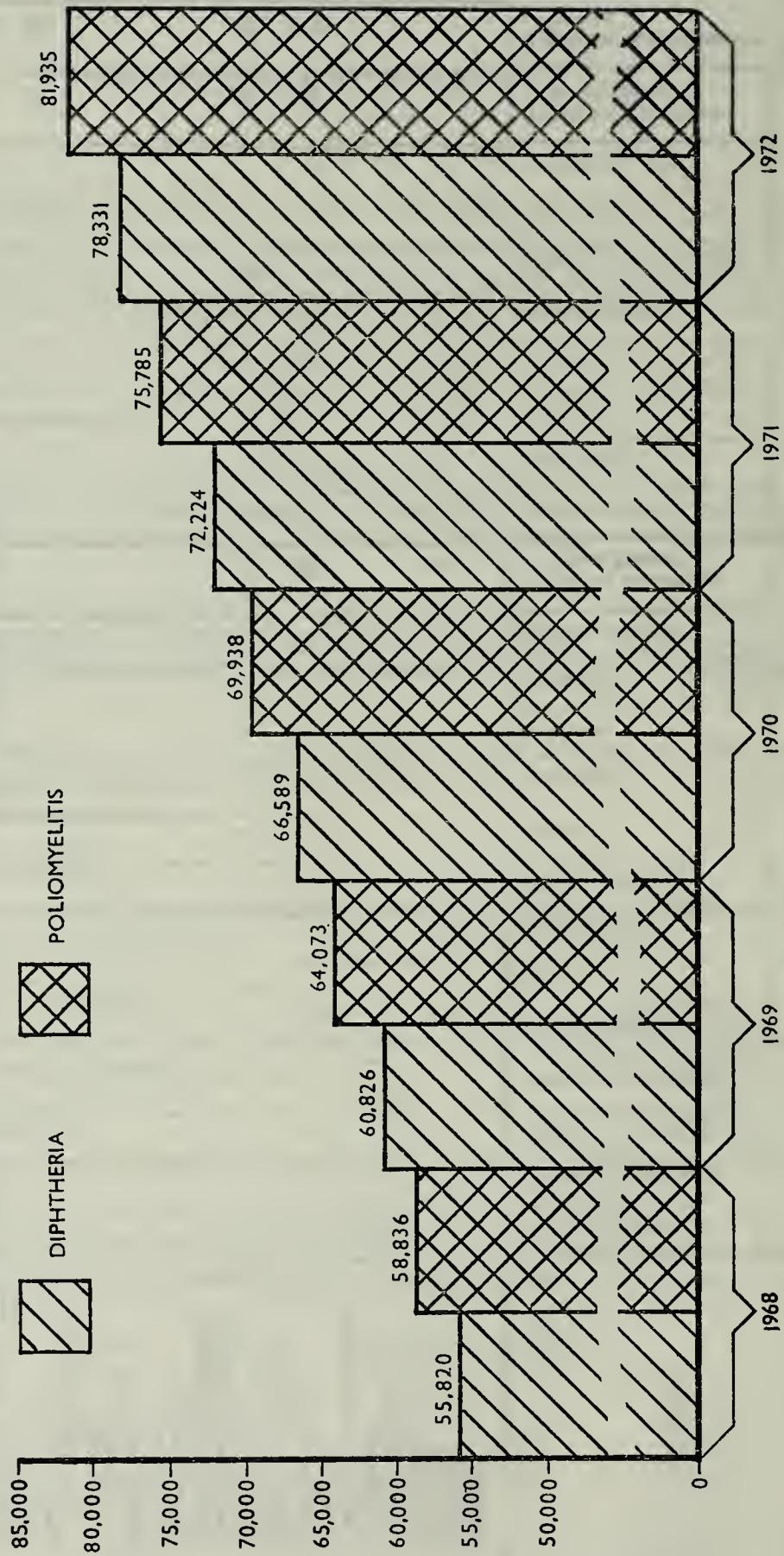
The following table shows that at the end of 1972, 72% of children born between 1st January 1968 and 31st December 1971, had been vaccinated against measles. This shows an increase of 5% on last year's figures.

<i>Year of birth</i>	<i>Vaccinated in 1972</i>	<i>Vaccinated in 1971</i>	<i>Vaccinated in 1970</i>	<i>Vaccinated in 1969</i>	<i>Total</i>
1971	4,061	—	—	—	4,061
1970	1,171	3,480	4	—	4,655
1969	166	1,134	3,411	2	4,713
1968	136	681	3,015	337	4,169
	5,534	5,295	6,430	339	17,598

CASES OF INFECTIOUS DISEASES

DISEASES	URBAN DISTRICTS													RURAL DISTRICTS								Totals for Administrative County																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	Brackley (Borough)	Daventry (Borough)	Higham Ferrers (Boro')	Kettering (Borough)	Burton Latimer	Corby	Desborough	Irthlingborough	Oundle	Raunds	Rothwell	Rushden	Wellingborough	Totals for Combined Urban Districts	Brackley	Brixworth	Daventry	Kettering	Northampton	Oundle and Thrapston	Towcester		Wellingborough	Totals for Combined Rural Districts																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Anthrax</

**COMPARISON OF CHILDREN UNDER 16 YEARS OLD
WHO HAD COMPLETED IMMUNISATION COURSES**



Of the children born in 1970, 77.8% had been vaccinated against measles by December 1972, and 10.9% were not vaccinated, either because they had already had the disease or because the parents refused consent.

(f) PERTUSSIS VACCINE SURVEILLANCE

The Public Health Laboratory Service asked this department to help in a survey on the efficacy of pertussis vaccines, by providing them with details of all notifications of whooping cough in the county, and where possible the vaccinal state of the children concerned.

The surveillance includes an analysis of the attack rates of pertussis in vaccinated and unvaccinated children in areas with computer facilities and is based on routine notifications. In addition, they ask for the number of children in various age groups up to 5 years of age, and the number of children who have received full primary courses of pertussis vaccine.

3. Tuberculosis

(a) INCIDENCE AND MORTALITY

There were 56 new notifications of which 42 were of respiratory tuberculosis and 14 of non-respiratory. Five cases were transferred from other authorities.

The Registrar-General reported six deaths from tuberculosis (four respiratory and two non-respiratory), this being nine less than in 1971. The mortality rate was 1.5 per 100,000 population for the combined urban districts and 2.0 per 100,000 population for the combined rural districts. The rate for the County was 1.7 per 100,000 population.

(b) B.C.G. VACCINATION OF SCHOOL CHILDREN

This subject is dealt with on page 107 of this report.

(c) EXTRA NOURISHMENT GRANTS

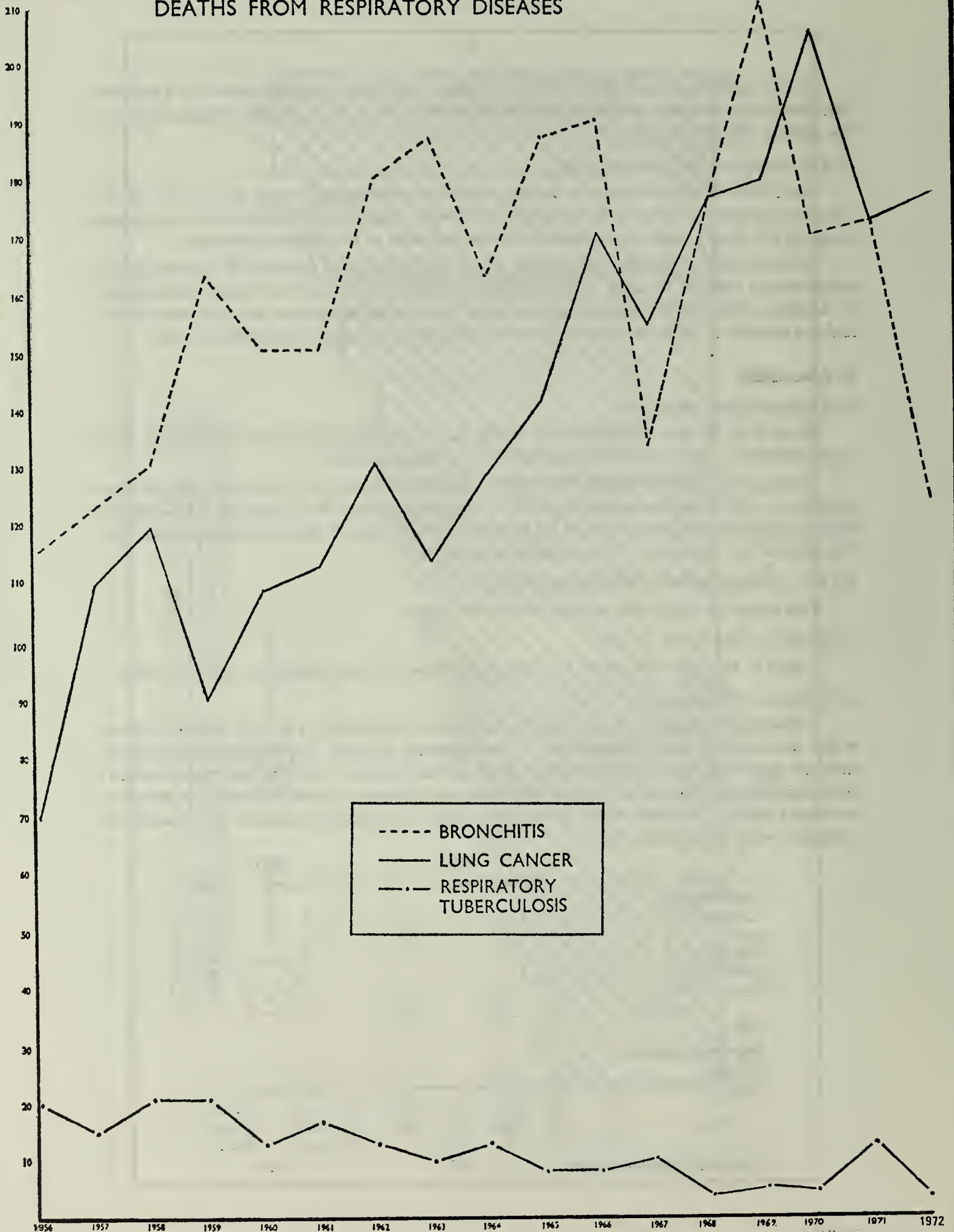
Grants of free milk were made to seven patients on recommendation of chest physicians.

(d) LONG STAY IMMIGRANTS

Following the expulsion from Uganda of the Asian community, a greater number of immigrants was referred under this service. It was pleasing to note, however, that although the referrals under this service increased from 82 to 363 and many of the addresses given were of a temporary nature, the health visiting staff were still able to achieve an equal percentage of successful visits. The table below shows the number of immigrants notified to this authority compared with the numbers for 1971.

				1972		1971	
				Notifications	Visits	Notifications	Visits
Commonwealth							
Caribbean	...	...	...	19	17	8	5
India	...	...	...	39	29	17	11
Pakistan	...	...	...	—	—	7	5
Other Asian	...	...	...	—	—	4	4
African—other	...	...	...	23	17	23	15
Ugandan	...	...	...	229	176	—	—
Other	...	...	...	46	31	3	4
Non-Commonwealth							
European	...	...	...	3	2	14	14
Other	...	...	...	4	3	6	5
Total	...	...	...	363	275	82	63
Percentage of successful visits				75.7		76.8	

DEATHS FROM RESPIRATORY DISEASES



(e) REPORTS OF THE CHEST PHYSICIANS

The following comments are based on the annual report on the chest service of the Kettering and District Hospital Management Committee Area, prepared by Dr. O. E. Fisher, Consultant Chest Physician.

Area served

The Rushden Chest Service consists of Rushden Hospital and associated chest clinics under the administration of the Kettering Hospital Management Committee.

The Headquarters of the Department is at Rushden Hospital, and it serves the population of the north eastern half of the County of Northampton. About 80 per cent of the population is urban, the main industries being boot and shoe, leather and steel production. The approximate population of the area is about 240,000.

The largest towns are Kettering, Corby, Wellingborough, and the population of the latter two towns is increasing rapidly.

Staff

There are two whole-time consultants who are in charge of beds at Rushden Hospital and holds six-and-a-half out-patient sessions and four Mass Radiography sessions weekly. There are no junior medical staff but two general practitioners do three clinical assistant sessions weekly at Rushden Hospital.

<i>Clinic premises</i>				<i>No. of sessions weekly</i>	
Kettering General Hospital	...	...	...	1½	
Wellingborough Hospital	...	...	...	1½	
Nuffield Diagnostic Centre, Corby	...	...	...	2	
Rushden Hospital	...	...	...	1	
Rushden Hospital—Thoracic surgery	...	...	...	1	per month
B.C.G. clinic	...	...	...	1	per month

The Wellingborough Chest Clinic is at present held at Wellingborough Hospital, but will be transferred to the new out-patient department at Isebrook Hospital, Wellingborough, when x-ray facilities have been installed.

Hospital beds

There are now only 44 chest beds at Rushden Hospital as four beds were designated for community care at the end of last year. Even so, admissions have again increased from 419 in 1971 to 437 in 1972. There was a rise in tuberculosis admissions from 34 in 1971 to 49 last year. There was the customary preponderance of male admissions—315 males and 122 females.

Community care beds

On 1st December 1971, as a pilot experiment in community care, the chest department handed over to local general practitioners four beds for their own use. There are 11 general practitioners in the Rushden and Higham Ferrers area, and they are grouped into three practices, and operate from a common medical centre. The four designated community beds are in a 20 bedded male block, and as there are only 14 beds for female chest patients it has not been possible to allocate any female beds for community care. It was soon realised, however, that the value of the experiment would be seriously reduced if general practitioners could not admit female patients, and the chest physicians have therefore allowed general practitioners to admit community patients to the female ward when beds are available. At first general practitioners were cautious in the use of these beds, and there were only 18 admissions in the first six months,

but they are now being used much more, and there were 42 admissions in the second half of the year. Of the 60 admissions, 36 were males and 24 females.

Most admissions have been for social reasons, particularly in the elderly, and two-thirds of the patients were over the age of 70. Many admissions were for terminal care and there were 21 deaths. These patients require very heavy nursing care, and this has proved the major problem of the scheme, as the nursing establishment is based on the requirements of chest patients, many of whom need little nursing care. Nevertheless the scheme is working well, thanks to the sensible way that general practitioners are using these beds, and it meets a real need in the community.

Tuberculosis

Tuberculosis notifications rose from 39 in 1971 to 57 in 1972. To set against the 57 new cases added to the clinic register in 1972, 42 names were removed as recovered, and there were nine deaths. Only three of the nine deaths were directly attributable to tuberculosis, all of whom were over the age of 75.

Since 1958 the number of notified cases on the clinic register has fallen from 905 to 186. The one unsatisfactory feature of tuberculosis control continues to be the high incidence of infection in the Indian immigrant population in Wellingborough. This small community of under 2,000 accounted for 13 new cases, representing 23 per cent of the notifications in a population of 240,000.

Bronchial carcinoma

Primary lung cancer was again the commonest cause of admissions to Hospital, there being 110 new cases. Of these 97 were males and 13 females.

There were 50 re-admissions for either terminal care, post-operative convalescence or cytotoxic chemotherapy. The prognosis remains gloomy and the number of resectable cases are few. A 5-year follow-up of all cases diagnosed in the department in the two years 1965/66 revealed that 11 per cent (17 cases) had resectable tumours of whom 41 per cent (7) survived five years, whilst none of the 139 inoperable cases survived more than three years. Since then the proportion of cases suitable for resection has fallen due to the increasing age incidence in male patients.

There were 20 admissions for cancer other than primary lung cancer, and in all, cancer victims accounted for over 40 per cent of all admissions.

Mobile chest x-ray service

Conventional mass radiography surveys ceased in 1964, and the service is now chiefly concerned with general practitioner referrals, but also carries out special group surveys such as factory contacts and positive tuberculin reactors in children. The general practitioner service continues to play a vital role in the work of the chest clinics as the figures below illustrate. It also provides an excellent example of the fruitful co-operation between the general practitioner and the Hospital services.

Mass Radiography Service

					<i>Pulmonary tuberculosis</i>		
		<i>Number</i>	<i>Referred</i>	<i>Active</i>	<i>rate</i>	<i>Bronchial</i>	<i>Out-</i>
<i>Survey</i>	<i>X-rayed</i>		<i>chest</i>	<i>Pulmonary</i>	<i>per</i>	<i>carcinoma</i>	<i>standing</i>
Group surveys ...	7,981	13	1	0.13	1	8	
General Practitioner referrals ...	7,360	155	13	1.77	36	22	

...	...	21	
...	...	23	
		—	44
...	...	13	
		—	
...	...	57	

... .. 186

...	...	173
...	...	8
...	...	206

...	...	1,007
...	...	173
...	...	1,766
...	...	304

...	...	136
...	...	10
...	...	7
...	...	1
...	...	168
...	...	90
...	...	49
...	...	15
...	...	5
...	...	25
...	...	11
...	...	3
...	...	6
...	...	1
...	...	37
...	...	67
...	...	325

...	...	31
...	...	437
...	...	39
...	...	10
...	...	49
...	...	180
...	...	38
...	...	37
conditions	...	20
...	...	19
...	...	14
...	...	3
...	...	59
primary tuberculosis		6
...	...	100

4. Deaths								
(a) Tuberculosis	...	...	...	...	...	...	...	2
(b) Non-tuberculous	...	...	...	...	...	...	...	70
5. In hospital, 31st December, 1972	...	...	...	...	...	...	...	32
6. Beds available to chest department 31st December, 1972...	...	...	...	...	...	...	...	44

The following report has been supplied by Dr. P. C. Robertson, Consultant Chest Physician, of the Northampton and District Hospital Management Committee.

The chest service for the south-western part of the County is based at Northampton Chest Clinic for out-patients and at Creton Hospital for in-patients. Patients from the most southerly area may also attend the Meacham Clinic at Wolverton. The out-patient clinic at Daventry continues to be in abeyance pending the installation of a new X-ray unit.

In this area, the treatment of chest disease is becoming steadily more integrated with the other general medical services at Northampton General Hospital. The two consultants in charge of the chest unit are also consultant general physicians on the staff of the General Hospital and thus have direct access to the many modern technical facilities available in that well-equipped hospital. The setting up of a pulmonary function laboratory there has added a new dimension to the investigation of chest disorders. The removal of the Northampton Chest Clinic to a new central site adjacent to the General Hospital in 1971 has proved most successful. Attendances have increased and more patients are referred for a chest consultation by other doctors on the hospital staff. The proximity of the clinic to the hospital facilitates full investigations and is most convenient for the patients. Similarly the intensification of surgery at Creton Hospital has had an invigorating effect on the working of the whole hospital.

The main work of the chest service continues to be the investigation and treatment of cases of asthma, chronic bronchitis and lung cancer. The number of newly notified cases of tuberculosis living in this part of the County continues to be extremely small. Only eight new cases were reported in 1972 and of these three were non-pulmonary. All of these cases were entirely unrelated and in fact none of them was connected with any known source of the disease. The youngest patient was 30 and five of the patients were over 50 years.

It is gratifying to report again that no children in this area were discovered to have tuberculosis in any form, suggesting that preventative measures are being successful. However, a minority of teenagers are discovered each year with positive skin tests for tuberculosis, indicating that exposure to this infection still occurs unwittingly. In these circumstances B.C.G. vaccination should continue to be encouraged.

In nearly all of the new cases the illness was probably due to a breakdown of partially healed old disease contracted many decades previously rather than recent infection. No persistent foci of tuberculosis seem to exist in this area. No recently arrived immigrants were discovered to be infected.

Attendances at Northampton Chest Clinic:

Total attendances for the area (including Northampton Borough patients)	10,254
Total X-ray examinations (large films)	3,345
Total miniature X-ray films	5,208
(The proportion of Northamptonshire County patients included in the above figures is estimated as approximately one-quarter)	
B.C.G. vaccinations of contacts (County cases)	79

Tuberculosis

New cases in south-western area diagnosed in 1972:

Respiratory: Sputum-positive	4
Sputum-negative	1
Non-respiratory:	3
	—
	8
	—
After-death notifications: Respiratory	1

4. Sexually transmitted diseases—contact tracing

MISS J. E. COCKINGS, NURSING OFFICER

Clinics continue at both Kettering and Northampton General Hospital and at both the number of clients is increasing. At Kettering, the clinic is held on a Tuesday evening from 4-7 p.m., and the hospital out-patient staff provide nursing facilities. In October, Mr. R. Goosey, Health Visiting officer, left the County and his duties were taken over by Miss J. Cockings, Nursing Officer, and Mrs. A. Powell, Health Visitor. At this clinic the present increase in clients is comparable with national trends and can be attributed to various factors, one of which may well be the availability of the pill.

CONTACT TRACING

Most clients attending the clinic are co-operative and willing to divulge the name of the contact from whom they have contracted the disease, and frequently make every effort to bring their friend to the clinic for treatment. There remain, however, a few persons who require following up and encouraging to attend the clinic. This often necessitates several home visits and absolute tact and discretion. Every effort is made to preserve confidentiality and to maintain trust between clients and the staff of the clinic.

The number of county patients attending clinics for the first time during the last four years was:

<i>Hospital</i>	<i>Syphilis</i>				<i>Gonorrhoea</i>				<i>Other conditions*</i>			
	1969	1970	1971	1972	1969	1970	1971	1972	1969	1970	1971	1972
Bedford General ...	—	—	—	—	—	1	1	3	—	7	5	14
Kettering General ...	1	—	4	—	45	34	38	89	64	107	166	150
Northampton General	5	3	1	1	27	16	38	59	137	115	149	209
	6	3	5	—	72	51	77	—	201	229	320	—

*These include—

Chancroid	Pubic lice
Lymphogranuloma	Herpes simplex
Granuloma inguinale	Warts
Non specific urethritis	Molluscum contagiosum
Non specific urethritis with arthritis	Other treponemal diseases
Trichomoniasis	Other conditions treated
Candidiasis	Other conditions not treated
Scabies	

ENVIRONMENTAL HYGIENE

1. Environmental hazards from lead

In Circular 20/71, the Chief Medical Officer of the Department of Health drew attention to the possible hazards to the public from exposure to excessive intakes of lead.

Although this did not specifically refer to the hazards related to the lead industry it was brought to notice by the Medical Officer of Health for Market Harborough U.D.C. that in his district there was a lead processing plant which employed workers who were resident in this county. There was therefore a danger that the families of these workers were being exposed to unusual intakes of lead in their homes.

A list of 43 workers living in Northamptonshire was supplied and upon investigation it was ascertained that in 21 of the families there were 39 children of school age or below. Later in the year, as all of the Leicestershire workers and their families had had blood samples taken for lead estimation a request was received for similar investigation by the Department of Chemical Pathology at Great Ormond Street Hospital of the families of workers resident in this County. The small sample of blood which was taken by simple puncture of the ear lobe was collected by the local health visitor during the time the schools were closed for the Christmas holidays and the results of this survey are as yet not available.

Investigations were also carried out at lead processing works in another part of the county where it was thought that there might be environmental pollution. It was found, however, that the works were subject to frequent inspection by the alkali works inspector, and that all processes were properly supervised and controlled and it was clear that there was no danger from these works.

2. Water supply and sewage disposal

(a) Approved in principle

The following schemes were submitted to the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1951 and were approved in principle:

<i>Authority</i>	<i>Scheme</i>	<i>Estimated cost</i>
Brackley R.D.C.	... Main drainage—Marston St. Lawrence ...	£11,300
Brixworth R.D.C.	... Brixworth sewerage and sewage disposal—extension of sewage disposal works and laying of sewer ...	£22,000
Oundle and Thrapston R.D.C.	... Aldwinckle, Lowick and Sudborough sewerage and sewage disposal scheme ...	£259,000
Towcester R.D.C.	... Blakesley group sewerage and sewage disposal—parishes of Aldstone, Blakesley, Maidford and Woodend (revised scheme) ...	£252,000

(b) Contributions made

The County Council agreed to make the following contribution in accordance with the approved scale.

<i>Authority</i>	<i>Scheme</i>	<i>Estimated cost</i>	<i>Department of Environment grant</i>	<i>County Council's contribution (capital sum)</i>
Daventry R.D.C.	Hellidon/Staverton sewerage and sewage disposal	£56,643	Half-yearly payments of £494 for 30 years	£9,975
Mid-Northamptonshire Water Board	Water main extension Sibbertoft to the Coombes	£3,469	£126 (capital sum)	£126
	Water main extension to The Gables and Fog Cottages, Althorp	£5,477	£756 (capital sum)	£756
Oundle & Thrapston R.D.C.	Apethorpe and Woodnewton sewerage and sewage disposal	£107,000	Half-yearly payments of £920 for 30 years	£17,780
	Glaphthorn sewerage and sewage disposal	£58,500	Half-yearly payments of £638 for 30 years	£12,875
Towcester R.D.C.	Blakesley group sewerage and sewage disposal	£252,000	Half-yearly payments of £2,110 for 30 years	£48,300

3. Rural housing

The rural housing statistics for 1971* are shown in the table below :

	<i>Population est. 1971</i>	<i>Under construction at 31/12/71</i>	<i>Completed up to 31/12/70</i>	<i>Completed during 1971</i>	<i>Total Post-war houses completed at 31/12/71</i>	<i>Post-war houses completed per 1,000 population</i>
Brackley ...	13,900	5	880	35	915	65.8
Brixworth ...	17,600	—	726	—	726	41.3
Daventry ...	18,700	—	1,085	—	1,085	58.0
Kettering ...	12,200	5	999	16	1,015	83.2
Northampton ...	24,000	2	1,954	10	1,964	81.8
Oundle & Thrapston...	16,800	78	966	72	1,038	61.8
Towcester ...	21,400	40	1,322	40	1,362	63.6
Wellingborough ...	18,700	18	1,024	2	1,026	54.9
Total ...	143,300	148	8,956	175	9,131	Mean 63.8

*The statistics for 1972 are not yet available.

In addition to the 9,131 houses built by the rural districts since the last war, a total of 15,130 houses have been completed by private enterprise. Combining figures for public and private housing, a total of 24,261 houses has been completed since the war in the rural districts of the County, representing one for every 5.9 members of the population.

LIAISON ARRANGEMENTS

1. Social services department

The two working parties set up in 1971 to discuss respectively the administrative and clinical or field-work aspects of liaison between the Health Department and the Social Services Department met a number of times throughout the year.

The working party dealing with the clinical and field work approach to topics and clients of common concern to both Departments found it necessary to devote a number of meetings to the exchange of information about the nature and guiding principles of services supplied. It was then possible to move on to a discussion of ways in which the Departments could liaise with each other to assist their services.

The meetings have proved to be valuable as well as informative and have led to improved communication about families receiving services from both Departments.

During 1972 the Adult Health section has co-operated with the Social Services Department in providing medical services where required. The services given include medical assessment of requests for convalescent holidays and medical examinations of trainees at adult training centres prior to their undertaking swimming activities. During the year, monthly assessment meetings were established at the Henley Unit in Kettering and were attended by a medical officer from this Department. Prior to the meeting the trainee's general practitioner is consulted by this Department regarding any relevant medical aspects of the trainee's case history.

The decentralisation of the nursing services following the introduction of the Mayston structure was planned so that Area boundaries were flexible and approximated to those of the newly-formed Social Services Areas. In all parts of the County, joint social services and nursing meetings are held regularly, with the prime object of providing a more co-ordinated service to the community. Centrally, senior staff have participated in Joint Working Parties to consider policy matters and clinical aspects of both child and adult health.

2. Departments of community medicine—Kettering and Northampton General Hospitals

DR. N. SOLOFF, SENIOR MEDICAL OFFICER FOR ADULT HEALTH

The Departments of Community Medicine at Kettering and Northampton General Hospitals continue to provide a close link between the hospital and local authority branches of the health service. The year again saw an increase in the number of referrals from within the hospitals to these departments, the majority of which were from ward sisters for home nursing. The paediatric discharges increased during 1972 following the decision to notify all children discharged under the age of 12. Details of this can be found on page 25 of this report. The number of paediatric clinic defaulters followed up declined due to the ill health of one of the consultants from whom the majority of referrals were received. To complement the service already being provided by the County Health Department the departments commenced during the year to inform Area Nursing Officers of discharges and deaths of all patients aged 75 years and over from their respective hospitals. This ensured that community nursing staff were notified of

geriatric discharges from hospitals from within the County irrespective of the type of hospital from which they were discharged.

Following the implementation of a new scheme in August concerning the supply of wheel-chairs by the Department of Health and Social Security the departments became involved during the year in referring patients of general practitioners in the County to occupational therapists for domiciliary assessment. The Artificial Limb and Appliance Centres at Nottingham and Oxford are aware of this liaison arrangement and have indicated that a focal point such as this for channelling any queries is extremely useful and during the year they have used the departments for this purpose on several occasions.

Departments of Community Medicine—Statistics

		<i>Kettering General Hospital</i>	<i>Northampton General Hospital</i>
Number of patients referred ... to Departments		903 (906)*	529 (109)*
Services requested:			
District nursing ...	...	477 (319)	147 (6)
Health visiting ...	...	61 (59)	72 (29)
Medical loans ...	...	276 (251)	88 (12)
Home help ...	...	204 (220)	236 (84)
Other ...	...	78 (129)	153 (20)
Total ...	...	1,096 (978)	696 (151)
Paediatric discharges ...	...	1,484 (861)	2,230 (1,097)
Paediatric defaulters ...	...	14 (150)	3 (15)
Wheelchair application ...	...	16 (—)	143 (40)
Premature baby discharges ...	...	—	292 (119)

* The figures for 1971 are shown in parenthesis

3. Handicapped drivers

DR. J. SARGINSON, DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

The number of drivers reviewed on behalf of the Licensing Authority increased once more during the year. Much of the increase was due to applications being received from persons who at some time had suffered from epilepsy. It is particularly pleasing to note this development as it enables careful assessment to be made which will help safety on the roads and also permits an improvement in the quality of life of those persons granted licences under the new regulations. A summary of the decisions reached during 1972 is given below.

During the year the Driver and Vehicle Licensing Centre appointed its own medical adviser who will, in due course, be arranging for the transfer of this work from the County Council to a new local medical adviser whose recommendations will be considered by the medical staff of the Centre's headquarters in Swansea. As this department has excellent relationships with the Assistant Local Taxation Officer, who has sought opinion on matters of principle on several occasions during the year, it was chosen as one of the first authorities to be visited by the new medical adviser to discuss some of the problems involved in transferring the responsibility for final assessment from a local to a central authority. It is hoped that the new arrangements, which will come into operation gradually from 1st March, 1973, will prove to be as convenient from the drivers' point of view, and the Department of the Environment has been assured that

all necessary help in the transitional period will be offered by the County Medical Officer and his staff.

A summary of the decisions reached during 1972 is given below, together with figures for the previous year:

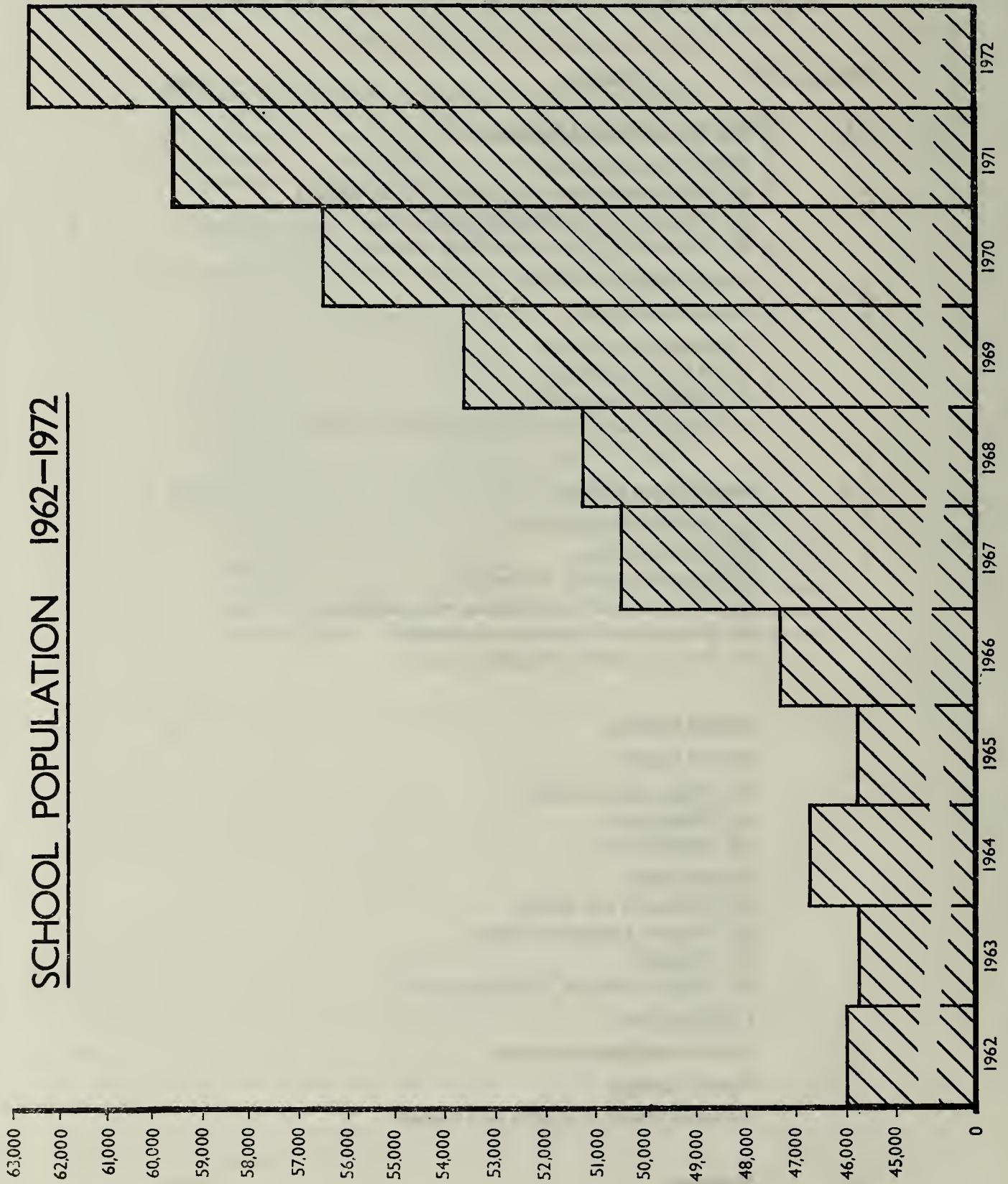
CASES REFERRED FOR MEDICAL ADVICE

	1972	1971
Applications for driving licences referred on medical grounds to the County Medical Officer of Health	126	96
(a) Applicants who at one time suffered from epilepsy ...	86	70
Considered no longer suffering from epilepsy	5	8
Considered controlled epileptics	63	46
Considered suffering from nocturnal epilepsy	8	8
Considered still suffering from epilepsy and recommended that a licence be refused	10	6
(b) Applicants who reported suffering from giddiness or blackouts at some time	12	12
Considered suitable to hold normal licences	12	8
(c) Applicants who suffered from diabetes	13	
Considered suitable to hold normal licences	11	
Recommended that a licence be refused	2	5
(d) Applicants who at some time suffered from a heart condition	5	5
Considered suitable to hold normal licences	5	—
(e) Applicants who at some time suffered from a mental disorder	5	3
Considered suitable to hold normal licences	3	2
Recommended that a licence be refused	2	3
(f) Other cases referred to the County Medical Officer of Health	5	1
1 applicant suffered from thrombosis	Licence granted	2
1 applicant suffered from a leg defect	Licence refused	3
1 applicant had a spinal disorder	Licence refused	
1 applicant had delayed reaction speeds	Licence granted	
1 applicant suffered from anaemia	Licence granted	

SCHOOL HEALTH SERVICE

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SCHOOL POPULATION 1962-1972



I. THE GENERAL SCHOOL POPULATION

MEDICAL EXAMINATIONS

(a) Work undertaken by school medical officers

During 1972, one medical officer already experienced in local authority work joined the staff and a further three general practitioners began to carry out routine medical examinations at schools in the areas of their practices.

			<i>Number of sessions</i>
School medical examinations ...	...	...	867
Visits to special schools ...	...	...	118
Special examinations ...	...	...	321
Liaison visiting ...	...	...	68
Enuresis clinics ...	...	...	8
Hearing assessment and audiology clinics ...	...	...	94
Teacher medical examinations ...	...	...	74
			<hr/>
			1,550
			<hr/>

More sessions could be devoted to routine school health work as more medical officer time became available during the year. A variation in the pattern of liaison visiting was introduced with the result that more time was devoted to this very important part of school health service functions. The larger schools, arbitrarily defined as those with more than 300 pupils on roll were given the opportunity to receive a visit once a term from the school medical officer solely to discuss any medical problems which had arisen within the school. This has proved very successful and has led to many useful discussions between head teachers and school medical officers. If there are no problems for discussion the medical officer's time is devoted to some other task.

Unfortunately there are too many schools in the County to make it possible to adopt this policy in all schools. The many small village schools still have to rely mainly on the visit of the medical officer to do routine or special examinations.

(b) Number of schoolchildren examined

The total number of routine school medical examinations carried out is slightly lower than in the preceding year, 8,625 in 1972 as compared with 10,068. As so much time is being devoted to children with special needs this is not an important variation.

A detailed table relating to school medical examinations is on page 33.

(c) Comments by school medical officers

Dr. K. Mazey reports on an interesting discovery that she made when conducting school medical examinations at a junior school.

During 1972 a type of novelty shoe was on sale, in which a small compass was sunk into a cavity in the heel of the shoe and covered with a pad of foam rubber. Eleven boys at the

school were wearing these shoes and Dr. Mazey saw seven of them. Each boy had developed a lump on his heel exactly corresponding in size and position to the cavity for the compass. Some of these lumps were painful, the greatest discomfort being experienced by boys wearing shoes from which the compass had been removed leaving the cavity to be filled only by the rubber pad or cotton wool.

At the time these shoes were on sale at several shops locally but a recent enquiry showed that no shoes of this type were currently in stock.

SCHOOL MEDICAL RECORDS

DR. V. V. TRACEY, SENIOR MEDICAL OFFICER FOR CHILD HEALTH

Over the years there has been a steady increase in the need to have ready access to the school medical folders of individual children. A wealth of information about children's medical background arrives in the Health Department in the form of copies of letters from consultants to general practitioners in addition to that obtained following direct correspondence between the Health Department's medical officers, consultants and general practitioners. It is frequently difficult to locate the school medical folders of individual children as these have hitherto been filed under the name of the schools which they attend. Sometimes the correspondence received gives the name of the school attended, sometimes it is necessary to guess the school from the child's home address. This is usually successful in the case of primary age children and village schools but is unreliable for children of secondary school age. There is the additional complication of children attending denominational or special schools. This adds up to many hours of frustrating and often fruitless effort to locate records by the clerical staff in the school health office.

Since 1968 when computerisation of birth notification records was introduced, medical records for pre-school children have been filed in date of birth order as print-outs from the computer appear in this sequence. This has proved to be a very satisfactory system for the retrieval of records and, as the date of birth is the only item of identifying data which never changes, it has often been possible to keep track of records through changes of surname as well as changes of address.

After many months of discussion and planning to meet the special needs of school health activities it was decided to re-file the medical records of all school children on a date of birth basis instead of by the name of the school attended. This system will facilitate access to records and will also ensure that any medical records collected during the pre-school years appear in the school medical record folder without delay.

With some 60,000 records to be re-sorted this is of necessity a difficult task, but the benefits are already apparent. It is certainly quicker to locate the records for an individual child when using birth-order filing and it will eliminate unproductive activity by the clerical staff in moving annually the records for infants to a different section of the filing room when they transfer to junior school and also the juniors' records to the secondary schools.

Reference has already been made to the volume of correspondence received about children of all ages. There is now an excellent exchange of information with the paediatric, ophthalmic and ear, nose and throat departments of the two general hospitals within the county and those in towns on the periphery of the county. In the field of mental handicap, there is similar

communication with the consultants at the local hospital for mentally handicapped children. General practitioners have been very co-operative. The school medical record now presents a far more complete picture of the child's medical history than ever before, enabling a better assessment of the child's health and needs in relation to school attendance to be made during school medicals.

Much help can be offered to head teachers about problems likely to be experienced with school entrants provided it is known which school the child has entered. All too often this information is not received or comes so late that acute difficulties have already been experienced in school. The great importance of head teachers returning the list of entrants at the beginning of each term as quickly as possible is emphasised whenever an opportunity arises.

Children transferring from one school to another during the term present a special problem as there is no entirely satisfactory procedure for notifying the school health office of these admissions. Sometimes it is found that a child has passed through two or three schools without being notified as an admission. If these changes of school are all within the County, medical records can frequently be found after a search. When the child has been transferred from another authority, it is necessary to write for medical records which causes an additional delay.

Effective communication is extremely important to the efficient functioning of the school health service and it will be even more necessary to maintain it at a high standard when the school health service becomes part of the unified health service. Although integration of the Health Service offers an opportunity for many improvements in the school health service, early knowledge of the whereabouts of children likely to have problems in school is essential if children and teachers are to receive the full benefit.

INFECTIOUS DISEASES

During the year 1,563 pupils were notified by head teachers as having an infectious illness and had subsequently been excluded from school. The following is an analysis of the diseases:

Measles	...	...	...	...	121
Chicken pox	...	...	...	...	235
Mumps	...	...	...	...	715
Whooping cough	...	...	...	...	1
Rubella	...	...	...	...	399
Streptococcal infection	...	...	...	...	26
Meningococcal infection	...	...	...	...	1
Bacillary dysentery	...	...	...	...	3
Infective jaundice	...	...	...	...	17
Salmonella infection	...	...	...	...	2
Impetigo	...	...	...	...	12
Scabies	...	...	...	...	10
Not specified	...	...	...	...	21
Total	...	...	...	...	1,563

In my annual report for 1971 mention was made of the memorandum on the control of infectious diseases in schools prepared by the Department of Education and Science and the Department of Health and Social Security, which had been circulated in table form to all general practitioners and head teachers in the County. Notifications received from schools of pupils

suffering from infectious illnesses have increased from 363 cases in 1971 to 1,563 cases in 1972. This does not indicate an increase in the incidence of any particular disease, but shows that more emphasis is being placed on the importance of notifying each case.

A case of tetanus. It is interesting to report that in December a mild case of tetanus occurred in a thirteen year old boy in the north-east of the County; there was a history of two slight accidents to the boy's legs. Latest reports from the hospital concerned reveal that he is making satisfactory progress. No information is available about the boy's immunisation state as he was a "transfer in" to the County.

Dr. F. R. N. Lynch has reported on the following outbreaks:

Infectious disease. There was little serious infectious disease during the year and that which occurred is set out below:

Acute coryza. In the third week in January, out of a total roll of three hundred and fifty pupils, one hundred and fifty-four together with six members of the staff were absent from a junior school in Corby.

This illness was reported as an outbreak of influenza but on investigation this was found not to be the case and the situation had returned to normal within the week.

Threadworm infestation. Threadworm infestation was found to be present at a primary school at the beginning of March. There were twelve cases.

Hand washing and nail brushing was rigorously supervised after each child had used the lavatory. The caretaker washed down the lavatory seats daily with disinfectant solution. Each child was referred to the family doctor.

When the situation was reviewed in April no sign of infestation could be discovered.

Conjunctivitis. A mild outbreak of Conjunctivitis occurred at a Church of England primary school. There were three cases in seven year old children and all cleared up rapidly after instructions had been given that the children attend the family doctor for treatment.

Food poisoning. Two brothers attending a junior school contracted food poisoning due to salmonella agona in August and after recovering from the illness continued to excrete the organism for two months. It was, therefore, necessary to exclude them from school until the end of October.

The head teacher kindly arranged for homework to be set for them during their absence from school.

Reported case of smallpox. On the 7th November a message was received at Stuart Road Clinic Corby that an Asian mother, recently arrived from Uganda, thought her child, a pupil at an infants' school, had contracted smallpox. I saw the child in consultation with the family doctor and we decided that no further action was required since the diagnosis proved to be chickenpox.

Scabies. A small number of cases of Scabies was discovered at an infants' school in Corby during the course of a school medical inspection. All the children in the school were, therefore, examined by the doctor and nurse and appropriate treatment was carried out when this was found necessary.

Dr. J. M. St. V. Dawkins has reported on an outbreak of food poisoning occurring at a primary school in July.

On 7th July a boy of seven years was admitted to the Northampton General Hospital with abdominal symptoms and was diagnosed as suffering from a salmonella infection. On investigation it was found that since 2nd July a number of children and staff had been suffering from gastro-intestinal upsets at the school.

The school is a small village primary (number of pupils 56) of Victorian construction, which has been modernised and with adequate internal hygiene arrangements. The school dinners are cooked at a secondary school in Wellingborough, some eight miles distant, and are transported in heated containers, which are delivered approximately half an hour before being served, the food remaining in the containers during this period.

All pupils, school meals and teaching staff were stool-sampled and it was found that a number of individuals who had intestinal symptoms, even after repeated sampling, were negative. It was finally concluded that two infections had occurred concurrently as symptoms differed in those with negative stools from those who were positive to salmonella. These findings confused the investigation at the outset. However as the inquiry proceeded it became clear that all the salmonella infected individuals, both pupils and staff had partaken of a school dinner on 30th June, but were only a fraction of the total number who had eaten the dinner. The meal provided was meat pie which when made up was placed in separate rectangular containers or trays. The trays were packed and transported, arriving at the school at 11.35 where they remained until they were opened and cut up before serving. They were in the warm room for about 10-15 minutes. Each container was allocated to a separate table. Those infected had all eaten pie from a single container. A full investigation was made of the school meals staff at Wellingborough, and of those who took any part in transporting the meal. None was found to be positive. There was no evidence of infection from any other school receiving dinners cooked at this particular school. It was finally concluded that the infection had been introduced to a single tray of meat pie after preparation and cooking and extensive investigations failed to ascertain the source of this infection. The school meals organiser has introduced stringent measures to prevent any possibility of recurrence of the incident.

The infection occurred in the school one week before the Summer holiday and as the headmaster and dining room staff were affected the school was closed a week early. Prior to returning after the Summer holiday, all children from the school together with the family contacts of those infected were re-tested, and no infected child returned until three consecutive negative samples had been received. Within a week of the new term beginning all children were clear and back at school.

All those infected were carefully instructed in details of hygiene to prevent any spread of infection, and this was successful as there were no further cases apart from those originally infected at school.

The headmaster of the school was particularly helpful in the investigation and it was he who related the cause to a single tray of meat pie.

Information was received that salmonella typhimurium phage type 26 is sometimes related to terrapins. No such association was found in this instance.

No. of pupils affected was:

<i>Girls</i>	<i>Boys</i>	<i>Total</i>
9	7	16

No. of staff affected:

Headmaster	1
School meals supervisor	1
Dining room assistant	1
Plus one pre-school child, daughter of a dining room assistant, who also ate the meal	1
Total	20

VACCINATIONS IN SCHOOLS

(a) B.C.G. vaccination

All children reaching the age of 13 years are offered a Heaf test, to detect those who need vaccination against tuberculosis. In 1972 the parents of 5,292 children consented to these procedures. Those with a negative or slightly positive reaction are offered B.C.G. vaccination, and those with a more strongly positive reaction are given a chest X-ray. 433 children were X-rayed, and all had satisfactory results.

(b) Rubella vaccination

The campaign to encourage rubella vaccination continued. A letter was sent to parents of 11 year old girls suggesting they contact their general practitioners for vaccination, and the vaccination was offered in schools to those girls aged 12 years who had not already received protection.

Because a number of B.C.G. sessions had been held over from the previous year, it was not possible to commence rubella sessions until the Autumn term. In all 432 girls were vaccinated in schools, in addition to the 210 in this age group already vaccinated by their own General Practitioners.

(c) Rubella vaccination for teachers and staff

In view of the likelihood that teachers may come into contact with german measles when cases occur in their schools, vaccination was offered to female teachers of child bearing age. 279 teachers took up the offer and of those 31 had negative haemagglutination inhibition titres and were vaccinated.

Female members of the health department staff who are field workers were also offered vaccination, and haemagglutination tests proved that 18 of the 47 staff needed vaccination.

II. HANDICAPPED CHILDREN

(a) Observation register

DR. V. V. TRACEY, SENIOR MEDICAL OFFICER FOR CHILD HEALTH

Since 1964 a register has been maintained of children who are particularly liable to become handicapped or to have significant disabilities. As all children born in the years 1964 to 1966 would have to attend school in 1972 and the majority of children born in 1967 were also attending school by the end of the year, the section of the observation register covering 1964-1967 only is reported on here. A similar analysis of the observation register maintained on computer tape for children born on and after 1st January 1968 appears in the report of the Child Health Section.

Many names are placed on the register at or shortly after birth and others are added as the result of illnesses and accidents later in childhood. If the child is found to be developing normally the name is removed from the current part of the register and is no longer brought forward for periodic review. The register is particularly relevant to the detection and ascertainment of children in need of special education. The index cards of the register provide a summary of the child's medical history, invaluable for quick reference. This system is complementary to the more recently established visible card system which follows through the administrative stages of ascertainment and placement of children in need of special education.

A measure of the efficiency of an observation register is its ability to assist in the early detection of handicapped children in need of special provisions during their school years and in keeping them under regular surveillance. The tables show, by year of birth, the numbers of children who have at any time been recorded on the observation register, the numbers still under surveillance on 31st December, and the numbers within this group who have been ascertained as handicapped pupils.

In Table I, the figures show the number of babies recorded each year on the "at risk" register which was in operation at that time. Experience showed that the numbers were unnecessarily high, consequently in 1968, the procedure was revised and the names of only those children most in need of observation were transferred to the new observation register which is still in operation.

TABLE I

Numbers of children under observation from birth to 1968.

				<i>Year of birth</i>			
				1964	1965	1966	1967
Live births	...	...	...	5,937	5,755	5,684	5,611
Placed on "at risk" register	...	...	...	1,601	1,524	1,358	1,255
Percentage of Live Births	...	...	...	27.0	26.5	23.9	22.4
Transferred to observation register	...	...	...	186	217	172	179
Percentage of Live Births	...	...	...	3.1	3.8	3.0	3.2

TABLE II

Analysis of the observation register cards 31st December 1972.

	<i>Year of birth</i>			
	1964	1965	1966	1967
Number of observation register cards	290	336	370	323
No longer under observation ...	65	87	95	45
Deaths (since 1968) ...	9	7	7	4
Transfers out/untraced (since 1968) ...	21	28	49	51
Currently under observation ...	195	214	219	223
Ascertained handicapped pupils ...	77	63	44	39
Percentage of observation cases ascertained as handicapped	39.5	29.4	20.1	17.5

For older age groups the number of live births becomes an increasingly inaccurate estimate of the size of the child population. This is particularly apparent in this County at the present time due to the great influx of families into the development areas. The most accurate census of the child population by year of birth is that provided by the statistics of the Education Department. As these figures are based on the age of children on 31st August, the end of the school year, they cannot be compared directly with figures based on the calendar year. The figures in table III are therefore different from those in the preceding tables which are based on year of birth. These figures show clearly the increase in the child population in recent years due to movement of families into the County.

TABLE III

Relationship of the observation register to the school child population.

Dates of birth between				1.9.63.	1.9.64.	1.9.65.	1.9.66.	1.9.67.
				31.8.64.	31.8.65.	31.8.66.	31.8.67.	31.8.68.
Number of children at school ...	...	...	...	6,147	6,362	6,451	6,476	4,331
Age on 31st August 1972 ...	...	...	...	8	7	6	5	4
Number of children being observed ...	...	...	...	136*	216	219	233	216
Percentage of school child population ...	...	...	...		3.4	3.4	3.6	
Number of ascertained handicapped pupils ...	...	...	...	51*	79	46	42	28
Percentage of school child population ...	...	...	...		1.2	0.7	0.6	

* These figures refer only to children born between 1st January 1964 and 31st August 1964.

(b) Handicapped pupils—record system

In order to keep under review all handicapped children and to check on the progress and placement of each child, a new record system was instituted at the end of the year.

This will provide a register, in the form of a visible card system, on which will be recorded every child assessed by a medical officer as requiring special education. It will then be possible to record, by a system of signal tags, the action taken to provide suitable educational provision and to ascertain in respect of each child, the stage reached in the administrative procedures required. The system will thus enable this department to identify, at any time, the children who have been ascertained as handicapped, including those who have not been appropriately placed, and a periodic review will be carried out of the position regarding each child.

(c) **Kingsley School, Kettering**

DR. I. J. COPE, SENIOR CLINICAL MEDICAL OFFICER

There were 69 children on the roll at the end of the year, eight of these being in the observation class. The school continues to cater for a very wide range of handicaps as can be seen from the following list.

Cerebral palsy	...	...	...	15	Diabetic	...	...	...	...	1
Spina bifida	...	...	...	13	Chondrodysplasia	...	...	...	...	1
Hydrocephalus	...	...	...	5	Incontinence...	...	...	...	...	1
Heart disease	...	...	...	4	Thalassaemia major	...	...	...	...	1
Epilepsy	...	...	...	*3	Speech Defect	...	...	...	...	1
Partially sighted	...	...	...	2	Congenital deformities	...	...	...	...	1
Blind	...	...	...	1	Brain tumour	...	...	...	...	1
Asthma	...	...	...	2	C.N.S. degenerative condition	...	...	...	...	1
Muscular dystrophy	...	...	...	2	Observation class	...	...	...	...	8
Road accident	...	...	...	3						
Bronchitis	...	...	...	1						—
Burns	...	...	...	1						69
Cranium bifidum	...	...	...	1						—

* Major disability. Seven additional children have epilepsy secondary to other conditions.

The handicaps listed above do not truly reflect the severity of the condition nor the work imposed upon the staff. Thus, although only one case of speech defect is shown, there are at least eight who require intensive speech therapy.

The "blind" child is awaiting placement at a school for the blind. She was admitted as partially sighted but unfortunately her vision has deteriorated.

Epileptic attacks continue to be a problem. Medication has resulted in the fits being controlled but the onset of puberty can be associated with personality changes, which may involve a display of aggression toward the most severely physically handicapped. It is often difficult to suggest a suitable school placement.

Two main problems facing the school are:

- (1) Overcrowding. This is aggravated by:
 - (a) the steady increase in the number of wheel chair cases in the lower part of the school.
 - (b) the fact that in the next two years only three children are due to leave on account of age.
- (2) The increasingly difficult task of transporting the severely handicapped. The increase in size and weight with increase in age, means that consideration must be given to the provision of specially adapted vehicles for transporting them to and from school.

During the year twelve children left the main school:

To secondary school	...	...	...	3
primary school	...	...	...	1
technical college	...	...	...	1
residential P.H. school	...	...	...	1
hospital school	...	...	...	1
E.S.N. school	...	...	...	1
S.S.N. school	...	...	...	1
employment	...	...	...	2
died	...	...	...	1

Four children left the observation class, three going to E.S.N. schools and one to primary school.

(d) Avondale partially hearing unit, Kettering

At the end of 1972 there were nine children in the unit. During the year six children left the class.

To residential deaf school	...	...	2
„ partially hearing school	...	...	1
secondary school	...	...	1
primary school	...	...	1
E.S.N. school	...	...	1

The opening of the Infant Partially Hearing Unit in January 1973 will reduce the wide age range, which has been present since the unit was first established.

(e) Educationally subnormal schools

Firdale, Corby

The year saw the establishment of an "Opportunity Class" at the school. The class, for a maximum of ten children, caters for children who are presenting behaviour problems in the ordinary school. The age range is up to second year junior. The class is staffed by a teacher and an assistant. The children who have been admitted are mainly of average ability but have social problems.

During the year fifteen children left the main school:

To employment	...	...	9
adult training centre	...	...	1
secondary school	...	...	1
S.S.N. school	...	...	1
left the district	...	...	3

There are 108 on the register.

Isebrook, Kettering

One hundred pupils were on the register at the end of 1972. Twelve children left during the year:

To employment	...	...	9
secondary school	...	...	2
residential school	...	...	1

Loddington Hall

This residential school has functioned under difficulties throughout the year on account of extensive structural alterations being made to the building.

There were 60 boys on the roll.

During 1972 eight boys left the school.

Henley, Kettering

There are 85 children attending this school. Five children left during the year:

To adult training centre	...	...	2
primary school	...	...	1
left the district	...	...	2

There were in addition two deaths.

Forest Gate, Corby

Sixty-eight children attend this school. Fourteen children left during the year:

To adult training centre	...	...	6
E.S.N. school	...	...	3
other S.S.N. school	...	...	2
primary school	...	...	1
Kingsley Physically Handicapped school			1
left the district	...	...	1

Valuable monthly assessment clinics are held at Henley and Forest Gate Schools. These are attended by the Consultant in Mental Sub-normality, a member of the Princess Marina Hospital nursing staff, the head teacher, educational psychologist, social worker, and school medical officer.

Fairlawn Special School, Wellingborough, and Dallington Park Special School, Northampton continue with full lists, but, at the moment, have only small waiting lists. Regular reviews of the children's needs, attended by Dr. H. G. Smyth, Clinical Director of the Princess Marina Hospital, the Educational Psychologist concerned, representatives of the Social Services Department, and where appropriate, a Speech Therapist, continue, and are of great practical value. It is hoped to involve the Careers Advisory Service more directly in these schools.

Fairlawn, Wellingborough

Two children were transferred from Fairlawn Special School to a normal primary school. One child went to a school for the blind. One child went to the Adult Training Centre on reaching school leaving age. Six children left the area.

Dallington Park, Northampton

Two children were transferred from Dallington Park to Special Schools for the educationally subnormal (slow learning). Two children now attend Princess Marina Hospital School as Dallington Park School was not thought suitable for them any longer. One child of pre-school age, who was found to be less severely handicapped than was originally thought, has left to attend a play group, and will probably be accepted at a special school for the physically handicapped when he reaches compulsory school attendance age. Two others have left the area.

It will be apparent that the children's placement at a special school is kept under constant review, and, where necessary, can be changed. The other striking fact is the stream of children both entering and leaving the area.

(f) Princess Marina Hospital School: DR. L. GLYNN, SENIOR CLINICAL MEDICAL OFFICER

The special school for the children at the Princess Marina Hospital has now moved into its new premises in the hospital grounds from an adapted ward.

There are 40 children attending the school on a full or part-time basis. This includes one child living at home who could not be managed at Dallington Park Special School because of his physical disabilities. There are an additional 22 children who receive tuition on the ward, as they are physically not fit to attend school, or unlikely to benefit from it.

The pressure of numbers is increasing. There are physical difficulties in expanding the school on its site in the hospital grounds, and an increase in the numbers of children having to receive education in the wards is likely. Some children attend the relevant special schools in the County or the County Borough. This is of benefit to them individually and also helps to relieve pressure on the hospital school.

There is considerable co-operation between the school and hospital staff. The medical staff take an active interest in individual problems at school. The clinical psychologist at the hospital works closely with the school staff. The teacher concerned sits in on case conferences. The nursing staff, when available, help out in the school, thereby helping school and ward to work together. Teachers are always welcome in the ward. Despite this there is an occasional communication difficulty between ward and classroom.

Children who are unable to walk to school are transported by bus. This, for various reasons, does not always arrive punctually. This situation is however, improving.

Initial difficulties, inevitable in a new school in this situation, are being gradually solved, and the Princess Marina Hospital School is beginning to settle down.

III. SPECIAL SERVICES

DENTAL HEALTH

MR. P. W. GIBSON, CHIEF DENTAL OFFICER

(a) Introduction

This year saw the joint appointment of a Chief Dental Officer to the County and County Borough Local Health Authorities.

The opportunities created by this move enabled many steps to be taken in advance of re-organisation of Health Services and Local Government and much has already been achieved towards the unification of policies and methods employed by local authority dental services in this geographical area, which will become a new health area in 1974. All forms of documentation and methods of collecting statistical data have been standardised. The screening procedures thought necessary to increase safety in the administration of general anaesthetics and other drug therapy now apply throughout the joint service. The complete medical histories of all children are screened, and those known to be at risk for one reason or another, have certain recommendations applied to forms of treatment prescribed for them.

For purposes of development and training both staffs now come together to form a single working unit.

The coverage of both services will be seen to have been improved during 1972.

An early objective in 1973 will be the provision of an administrative structure with two senior dental officers responsible for certain areas of administration. Their lines of communication and responsibility will be contained in areas likely to correspond with the two districts into which the new Northamptonshire Area Health Authority will probably divide. Such an arrangement will serve two main purposes. Firstly, to supply the information required for planning by constituted agencies in connection with re-organised health services at local level, and to meet the immediate needs of running an expanding joint dental service; secondly, to provide two senior dental officers who by the end of 1973 will have been enabled to embrace a wide area of administrative responsibility involving day to day running of the service.

This will mean the disappearance of existing administrative barriers between the two local authorities as at present constituted. The further development of the joint service will evolve entirely in relation to the likely district divisions with parity of manpower and facilities being provided between the two. In addition, deployment of staff across the existing administrative divisions will be encouraged, and even during 1973 there will be an attempt to achieve some integration of services overall in terms of inspection and treatment coverage.

(b) Staffing

The service continues to pass through a difficult period during which staffing difficulties have been the main problem. Age and illness have continued to take their toll and in addition, in 1972 a senior dental officer was promoted to become Chief Dental Officer to another authority, and the services of two part-time dental officers were lost.

At 31st December, therefore, the professional staffing full-time equivalent was 11.7 compared with 12.5 for 1971 and 13.7 for 1970. Further to these setbacks, 240 days and 162 days were lost through illness of dental officers during 1971 and 1972 respectively.

During 1973 a further member of the dental staff will reach the age of 65 years and thereafter only two dental officers in the age group 60-65 years will remain. The majority of the remaining staff are all aged under 40 years.

The two full-time senior dental officer vacancies existing at the time of writing will both be filled in the first half of April 1973.

(c) Inspection and treatment coverage

Despite the problems of staffing, the inspection coverage of children in school and clinics increased from 56% in 1971 to 65% in 1972. In addition, just under two thousand children aged under five years were also inspected.

It is important to remember that the school child population has increased from 56,420 in 1970 to 59,620 in 1971 and to 62,720 in 1972, and is currently increasing at a rate which requires an increase in the establishment of one dental officer per year.

(d) Health education

Dental health education continues to form a part of the health education syllabus, which nowadays forms a routine part of the time-table in those schools which choose to have this teaching.

In addition, during 1972 it was decided to take advantage of an offer of free fluoride toothpaste samples to bring home to parents and children that an important part of preventive dentistry is the daily home use of a fluoride toothpaste. Talks and toothpaste were given at most primary schools in the County.

A dental exhibition was held at the Corby Highland Gathering, part of a larger Health Education Exhibition.

Talks were given to health visitor and district nurse groups and various evening meetings.

(e) Fluoridation of water supplies

1972 must be recorded as a black year in the record of this Authority's approach to the prevention of dental disease. After years of impasse resulting from the County Borough's repeated refusal to implement fluoridation of public water supplies, this authority having approved the measure in principle a long time previously, the County Borough Authority finally approved this measure in November 1971. At last both major authorities sharing the water supply apparently agreed for the first time to fluoridate, and the way seemed open to proceed with a measure which would result in a tremendous reduction of the incidence of dental decay and all the pain and suffering associated with it.

However, the move to approve provision of finance for this measure on the part of the County Council was frustrated, resulting in a situation which can only be described as ludicrous.

Whatever misgivings there may be about the benefits of the proposed re-organisation of health services, one can only hope that if such decisions are to continue to be made at local

level, then members of the new Area Health Authorities which will include elected representatives from the new Local Authorities, will be prepared to resist deliberate attempts to misinform them by irresponsible pressure groups.

(f) Staff development and training

The first training course for dental surgery assistants at the Northampton Technical College resulted in 15 out of 16 candidates obtaining the National Certificate awarded by the Examining Board of Dental Surgery Assistants.

At present seven of our own dental surgery assistants hold this certificate.

A second training course began in October and is being attended by 14 people.

(g) District nurses' training school

The programme for block training for the tenth and eleventh of these courses naturally included as previously a section on dental health. The courses in March and December were attended by Mr. J. R. Humphreys.

(h) Courses

The following courses were attended by various members of staff: Management and Motivation, University of Leicester Annexe, Orthodontics, Residential Study Course, Keele University, Refresher Course for Local Authority Dental Officers, Oxford, and the Chief Dental Officer attended a residential course on the Management and Integration of Health Care at York University.

The dental auxiliaries attended their own Annual Scientific Meeting and Miss J. St. Romaine has been nominated as the representative of the British Association of Dental Auxiliaries to the Royal Society of Health.

(i) Staff meetings

The first of a new series of staff meetings was held in December.

For this exercise the joint staffs of County and County Borough met together. The objective of the new series of meetings will be to have all members of staff meeting in groups to discuss our present work and the changing roles which the needs of the community will place upon us.

These group meetings also allow the exchange of information and ideas and discussion on the proposals contained in the publications on re-organisation.

(j) Dental services for mentally handicapped children

During this year the dental service for mentally handicapped children really got under way. A team consisting of a senior dental officer, dental hygienist and a dental surgery assistant became jointly appointed with the Princess Marina Hospital from 1st September.

Outside the Princess Marina Hospital a mobile dental clinic has visited each of the special schools in the County on a weekly rota basis. A longitudinal survey of the dental and periodontal condition of these children is ongoing, the baseline survey having been completed during 1972.

The findings are recorded on computer cards now being processed by staff of the Department of Dental Health, University of Birmingham. We would like to record our thanks to Professor James' department and to Dr. Anderson and Dr. Beal for the help they have given us in this and other respects.

The appointment of a dental hygienist to our staff has enabled considerable progress to be achieved with mentally handicapped children. Regular visits of the mobile dental clinic to each school has created an atmosphere of ever increasing confidence. Much of the backlog of gross caries and poor oral hygiene has been dealt with and an impressive improvement is already evident in the oral health of these children.

In the Princess Marina Hospital itself the hospital treatment block is nearing completion and indeed the dental surgery is now being used by the hygienist on two days of each week. All the children in the hospital who have been made available to her, have each twice undergone scaling, prophylaxis and application of topical fluoride.

Negotiations are in progress to obtain the assistance of consultant anaesthetists from Northampton General Hospital to enable more complicated treatment to be undertaken for these children. This will not be possible however until supporting nursing and anaesthetist services are available.

(k) Acknowledgements

My thanks are due to my clinical and nursing staff and to the administrative staff; to Mr. Pettman for his constant readiness to discuss the broader issues of children's dentistry, and to Dr. Robertson for his dual contribution in screening children at risk and for his administration of anaesthetics, and to Doctors Box, Bruton, Howell, Lilly and Lucas, for their constant services as anaesthetists.

SCREENING TESTS IN SCHOOLS

Routine screening of children's vision and hearing is carried out at regular intervals, whilst special tests are carried out on request.

The following shows the number of tests carried out and the number of children referred for further assessment.

(a) Vision tests					1972	1971
Number of tests, routine					25,811	19,952
special request					520	249
re-examinations					1,237	961
Total					27,568	21,162
Referred for examination by a specialist					1,449 (5.3%)	1,213 (5.7%)
Colour vision tests, passed					5,308	3,769
failed					99 (1.8%)	102 (2.6%)
Total					5,407	3,871

(b) Hearing tests

SWEEP TESTS					1972	1971
Number of tests	...	...	...	...	9,661	5,861
Number of children referred to assessment clinics	...	...	...	...	523 (5.4%)	268 (4.6%)
SPECIAL REFERRALS						
By school medical officers	...	...	...	...	310	95
head teachers	...	...	...	...	232	179
school nurses	...	...	...	...	26	37
speech therapists	...	...	...	...	79	27
parents	...	...	...	...	37	26
family doctors	...	...	...	...	165	71
others	...	...	...	...	3	32
Total	...	...	...	...	852	467
Number still awaiting a test	...	...	...	...	47	57
Number seen	...	...	...	...	805	410
Number referred to assessment clinic	...	...	...	...	163 (20.3%)	89 (21.7%)

SPECIAL CLINICS

(a) Children's eye clinics

The transfer of eye clinics from local authority premises to hospitals was completed in 1972. The clinic at Corby taken by Dr. R. Ingram, Consultant Ophthalmologist, is now held at the Nuffield Diagnostic Centre, and that taken at Wellingborough by Mrs. N. M. Oughton, Consultant Ophthalmologist, is held at Isebrook Hospital.

The smaller number of "old" cases seen reflects Dr. Ingram's policy of referring children to the hospital service if a subsequent appointment is found necessary.

					<i>Children seen</i>		
					<i>Sessions held</i>	<i>New cases</i>	<i>Old cases</i>
							<i>Total</i>
Corby	...	...	...	17	251	115	366
Kettering	...	...	...	20	294	86	380
Northampton	...	...	...	23	214	230	444
Rushden	...	...	...	12	46	131	177
Wellingborough	...	...	...	41	187	211	398
Banbury	...	...	...	4	23	30	53
Totals	...	...	...	117	1,015	803	1,818

Spectacles were prescribed for 586 children.

At the end of the year the ophthalmologists had no waiting list.

(b) Hearing assessment clinics

Seventy-eight hearing assessment clinics were held as follows:

Brackley	...	...	...	5
Corby	...	...	...	8
Daventry	...	...	...	4
Kettering	...	...	...	13
Northampton	...	...	...	10
Old Stratford	...	...	...	2
Rushden	...	...	...	15
Towcester	...	...	...	4
Wellingborough	...	...	...	17
				—
Total	...	...	...	78
				—

The meetings arranged monthly at Northampton General Hospital with members of the hospital staff mentioned in the annual report for 1971 were continued.

Children attending the clinics after failing the routine screening test are examined by a medical officer and, if necessary, referred to their family doctors or directly to ear, nose and throat specialists, after the general practitioners have been consulted.

Number of children seen	570
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Number of children referred after examination to:

(a) General practitioner	30 (5.3%)
(b) Specialists	...	...	50 (8.8%)

(c) Enuresis

The County Health Department has a number of enuresis alarms which are issued on request to children who are not attending one of the special enuresis clinics.

Issued and returned during the year	...	147
On loan at 31st December 1972	...	65
Patients on waiting list	...	98

Daventry enuresis clinic—Dr. J. M. St. V. Dawkins

The clinic, which has been in operation for ten years, moved after seven years at the secondary modern school to the Daventry health centre. This transfer has greatly improved its efficient organisation. Sessions are held once a month and a health visitor is always in attendance.

I refer to previous years reports in which the area of referral of patients, and the methods of treatment were given in detail. These procedures continue, though the pattern of referral has been somewhat modified. It has become the practice, now, of the majority of general practitioners to initiate a period of preliminary treatment themselves, referring only those children who have not responded, to the clinic. As a result it is probable that the early "cure" rate may decline, however, as yet, the figures do not indicate this, and results and attendance rates continue to be satisfactory. At the time of writing I have only one boy who has failed to respond to treatment. He has been attending the clinic for five years, intermittently, and after an initial "cure" of three years he relapsed. As well as the routine methods of treatment,

numerous consultations with his general practitioner, a full organic investigation and psychiatric treatment he has continued to wet his bed at intervals varying from a few days to one or two months. He is now twelve years of age and both he and his mother attend the clinic occasionally. The psychological background of his home is unsatisfactory. In such cases I adopt a sanguine attitude, and hope that both the patient and mother will follow my example.

New cases seen	...	...	...	6
Total attendances	...	...	...	94
Number cured	...	...	...	11
(a) with buzzer	...	...	...	9
(b) without buzzer	...	...	...	2
Number referred to psychiatrist	...	...	—
Number referred for full organic investigation	...	...	1	
Failed to keep further appointment	...	...	3	
Moved in course of treatment	...	...	3	
Number under treatment at end of year	...	...	20	
Number on waiting list	...	...	5	

General practitioner enuresis clinics

A large practice of general practitioners in Corby has set up an enuresis clinic for children on their list. The session is attended by the attached health visitor and the Health Department has placed at their disposal four enuresis alarms. A clinic run on similar lines is held by the general practitioners at Burton Latimer who also have been loaned four machines. The names of the children in these practices are not put on the local authority waiting list.

(d) Plantar warts in Wellingborough—DR. J. M. ST. V. DAWKINS

During the early months of 1972 parents, teachers and general practitioners reported an incidence of verrucae in schoolchildren which appeared to be excessive. Some members of the public related the infection to attendance at the public swimming baths run by the Wellingborough Urban Council.

As medical officer of health I reported the matter to the Council who agreed that any necessary measures to deal with the infection be taken in relation to their pool. While the baths, which were modern and of a high standard, had already satisfactory hygiene procedures, additional measures of disinfection, inspection and general supervision were instituted.

The County Medical Officer's co-operation was sought and freely given, and all schools were visited by health visitors where health education, inspections where necessary, and hygiene precautions were undertaken. In order to assess the degree of incidence it was decided to open a temporary foot clinic, and after consultation and agreement with the dermatologists and general practitioners the clinic operated at the Oxford Street Clinic at Wellingborough with a doctor, chiropodist and health visitor in attendance.

In all 139 children were seen, of which 108 were found to be suffering from plantar warts; 65 were treated by their general practitioners; 16 had either seen the dermatologist or were being treated themselves elsewhere; while 27 were untreated. These latter were all referred to their practitioners, and were recalled to the clinic some weeks later. Twelve children re-attended the clinic out of these, seven no longer suffered from verrucae and a further two were continuing to receive treatment.

Of those children attending the clinic suffering from verrucae, less than half (50) had used the public baths. The other half (47) had not been swimming at all, while a further 11 affected had a history of using the school pool.

CHILD GUIDANCE

This report by Dr. K. Stewart, Consultant Psychiatrist, refers only to the Northampton County Borough and the southern area of the County:

Psychologists. Mr. G. Callow left on 31st August. Miss A. C. Fairless, a trainee, joined the staff on 1st September and Mr. D. B. Wolff came from his postgraduate training course on 10th July. The establishment is now six and the psychologists spend about two thirds of their time in the School Psychological Service and one third in the Child Guidance Service.

Social Workers. Miss E. Shedden was appointed Senior Social Worker part-time on 20th January 1972 and full-time on 1st July. She has responsibility for organisation of social work in the clinic, supervision of the work of other social workers in the clinic and liaison with other social work agencies. Mr. G. Flatt, a trained social worker, started on 4th September. Mrs. N. Wilson continued with her two days weekly.

Psychiatrists. Dr. A. Davidson started part-time on 3rd January 1972 and left on 31st December 1972.

No appointment of a child psychotherapist was made.

The increase of staff is reflected in the statistics for the year. In spite of the greater number of referrals plus the waiting list from the previous year, the number waiting to be seen at the end of 1972 was reduced compared with the end of 1971. But the principle mentioned in last year's report, of emphasising the consultative part of the service as opposed to the specialist service, was maintained. There is no way of demonstrating the extent of this enabling work in which all members of staff participate.

The educational work by clinic staff continued unabated. The demands for help in various training programmes for professionals and non-professionals increased. As demands for all aspects of clinic work, specialist, consultative and educational increase, so the need to refuse taking on work will increase unless there is staff available to cope with it. The known plans for staff increases are not likely to cover the present work demands let alone keep pace with the increases as a result of population expansion.

The problem of residential placement of children and adolescents remains.

The following is an extract from the report to the Oxford Regional Hospital Board on the Department of Child and Family Psychiatry, by Dr. B. S. Phillips, Consultant Psychiatrist, Kettering.

The demands on the service are greatly increasing. These demands are not only for the strictly clinical service which we provide, but even more demand is being made for a kind of consultative service to allied professional, or semi-allied organisations and workers; e.g., schools, social service departments, at one end of the allied professional approximation scale, to mothers' clubs at the other. The result is that there is far more work, even essential work, or seemingly essential work, requested from us than we can provide. The result of this is that a great deal

of thought and planning is needed to determine priorities. This is not easy. The burden would, of course, be eased by an increase in staff, but this in itself is limited by our extreme shortage of clinical working space (and that which we have is largely in unsuitable surroundings). If we are to develop a full, effective service in family psychiatry, for which there is an undoubted demand, we must have an adequate centre, a base from which we can build one. Where should this centre be? In, or associated with the psychiatric hospital? Within the local authority services? Should it be an independent unit? Or should it be within the general hospital?

In future, the hospital facilities for this area will be concentrated at the district general hospital, so that this, clearly, would be the site of choice. There are many advantages for a family psychiatry department to be associated with a general hospital; these include its integration with the other clinical services in the area, particularly its collaboration with the psychiatric and other departments within the hospital, and the fact that it will be readily accepted by the public. Also, this encourages referrals from general practitioners, special investigations are easily available, and all members of the staff have the same employing authority. In addition, a contribution is made to the management of the sick child or family member in the hospital, and to the understanding of emotional symptomatology by the nursing, medical and other professional staff.

HEALTH EDUCATION

MISS J. WINGFIELD, HEALTH EDUCATION ORGANISER

The promotion of health education in the county's schools has continued through the year. School nurses and school medical officers are in an ideal position to undertake face to face health education with pupils and parents during their medical examinations and assessment and immunisation sessions.

Requests from head teachers for class teaching on health education continue to increase. In some instances health visitors have undertaken this work and in other cases audio-visual aids have been lent for the use of school teachers.

(a) Primary schools project

Preparation of project material entitled "Your Body and its Five Senses" was completed during the year. This consists of reference material for teachers and for children, including books, transparencies and original text. There are also many suggestions for experiments and the non-perishable materials for these are included. The entire kit can be packed into crates and loaned to primary school teachers by request. In schools where teachers are unable to allocate suitable areas for experimental activities the health education caravan provides the necessary accommodation.

During December the caravan was used to house the project at a rural primary school. Teaching staff were able to assess its application within the school syllabus and to suggest final modifications in the presentation of the materials prior to its use by other schools either in the health education caravan or within the classroom.

(b) Head teachers' consultative committee

This committee continued to meet at the beginning of each term and in September five

more members from primary and secondary schools were co-opted. Revision of the growing up syllabus for secondary schools was discussed, and preparatory work was undertaken on its revised version, which is to be similar in format to the "Areas of Learning" for primary schools.

(c) Liaison with teachers' centres

In April a wide selection of the Health Department's audio-visual aids for health education was exhibited at Corby, Kettering, Wellingborough and Daventry Teachers' Centres. Each of the centres was visited for three evenings. Materials for use with primary and secondary school pupils were shown in the health education caravan and a programme of films was arranged in the main room of each centre. Attendance by teachers was disappointing but those who did come were able to discuss health education for school children with health visitors and health education staff. Teachers also had an opportunity to see some sections of the project for junior pupils on the "five senses".

Later in the year a similar exhibition was arranged at two secondary schools in the south of the county and repeated at the annual general meeting of the Daventry Teachers' Centre.

(d) Medical emergencies in schools

At the request of teachers, a course on medical emergencies was provided at Wellingborough and Kettering Teachers' Centres. Speakers included a consultant paediatrician and two general practitioners. The programme was as follows:

1. Basic first aid including practical resuscitation.
2. Common infectious diseases.
3. Minor injuries in classroom and playground.
4. Paediatric conditions likely to be met with.
5. Revision session, including films.

Each weekly session lasted 1½ hours and was well attended. The enthusiasm with which this training was received has resulted in requests for similar courses in other areas of the county.

(e) Home safety competition

This competition which formed an integral part of the health education caravan exhibition was promoted to teach members of the general public ways of keeping their homes safe. Whilst all age groups were interested in the exhibition, 80% of the competitors and all of the prizewinners were children of school age. First prize was awarded to 13 year old Lee Barton who attends Kettering Grammar School, where the presentation, duly recorded by the local press, was made by the Chairman of the Health Committee, Councillor G. J. Roberts, J.P.

SPEECH THERAPY

MRS. A. HAMIDA AND MISS R. KINGSTON, DISTRICT SPEECH THERAPISTS

This was a year of many staff changes. Miss Kingston rejoined the department in February to continue her post as senior therapist for the north of the county. Mrs. A. Turner, Miss J. Sparke and Mrs. G. Bachelor joined the department; Mrs. I. Bolton left as her husband was

posted and Miss George left to take up a post in Reading nearer to her parents' home. Though the staffing position greatly improved in the southern part of the county to which Mrs. Turner and Miss Sparke were appointed, the position in the north remained much the same and the establishment equivalent to $10\frac{1}{2}$ therapists was never complete. At the end of December the staffing position was equivalent to seven full-time. Recruiting and careers talks etc., were carried out through the year, with a view to increasing the staff but without any major success.

During the summer holidays, a week's course was held for stammering children at St. Lucia, Cliftonville, Northampton, the first course of its kind to be arranged in this county. Eight children were brought in from various parts of the county daily for a week's intensive treatment. It proved successful and it is hoped to arrange another course of the same type.

Two major schemes were introduced during the year (a) the establishment of pre-school language group treatments and (b) a trial assessment screening test for use by school medical officers at entrance school medical examinations.

(a) The pre-school groups have had much success and are carried out at centres throughout the north and south of the county by two therapists working together with a number of children each week. This more intensive form of therapy with severe language problems is proving highly successful and the continuation of such sessions is highly desirable.

(b) Screening test—An assessment test for use by school medical officers at the entrants' medical examinations was designed by members of the staff. It was put into operation by a working party of school medical officers, three each in the north and south of the County. The object of the assessment was to screen all entrants as part of the medical examination and thus ensure that all children were evaluated and more quickly referred to the department if problems were found. It would also in turn, prevent unnecessary referrals and subsequent wastage of staff time.

Each of the school medical officers in question was given guidance on the administration of the test. The intention was to carry out a statistical evaluation of the test by six school medical officers before extending its use to all medical officers. This did not prove to be possible and at the end of the period September to December only a small number of referrals arising from the test had been received.

Totals:

north of the County...	...	7
south of the County...	...	10
		—
Total	...	17
		—

Though the evaluation was unsuccessful, sufficient interest was shown in the test for its use to be continued and extended.

The reasons for the small numbers of referrals from the test can be many—it may be that with the greater increase in pre-school work, very few children are going into school with undiagnosed problems. It may similarly be that the speech therapist on her regular once a term school visit is "beating" the school medical officer to the cases. Or finally it may be that the medical officers are not systematically using the test for every entrant they see and hence only when they feel there is a major problem. If the test is to be of use and therefore carried out throughout the county, it must be administered to every child at every entrance medical examination.

(c) During the year many courses were attended by members of staff including the Reynell Certificate Course by Miss Kingston. Mrs. G. Wilson who was accepted by Guy's Hospital to do her M.A. in Human Communications in October 1971, passed the first part of her examinations in the Summer.

Aims for the next year must be the recruitment of staff to fill our establishment.

NATIONAL STUDY OF HEALTH AND GROWTH

DR. V. V. TRACEY, SENIOR MEDICAL OFFICER, CHILD HEALTH

In order to monitor the effect of national food policy on the health and growth of children and to identify any adverse effects as soon as possible this Study was set up with the support of the Department of Education and Science and the Department of Health and Social Security. The actual details of the Study are being undertaken by the Department of Clinical Epidemiology and Social Medicine at St. Thomas' Hospital, London, under the direction of Professor W. W. Holland.

A number of local authority areas throughout England and Wales were selected as typical of their type of area to make up a cross-section of the country as a whole. Kettering was one of the areas invited to join in the Study which will last for a period of five years. During this time some 300 children between the ages of five and eleven years will be measured annually and their parents will be asked to complete a questionnaire.

After discussion with the Kettering Divisional Education Officer, Highfields Primary School was chosen to take part in the Study as it is of the required size and draws pupils from a representative area of the town.

School nurses specially trained in the techniques of measuring height, weight and skin-fold thickness carried out the measurements during the week commencing 1st May. At the same time a questionnaire was sent out to parents asking them to supply information about the nutritional pattern of the household. The information contained in the completed questionnaires is treated as confidential and is returned directly to the Principal School Medical Officer to pass on to the Department of Clinical Epidemiology at St. Thomas' Hospital. The school nurses were told which questionnaires were outstanding and they visited to remind parents who had not completed the forms. Participation is voluntary but 311 (89.37%) forms were returned completed out of a total of 348 sent out.

Because of the size of the survey, detailed data concerning the children measured was not available by the end of the year but has been promised before the next annual review in May 1973.

IV. STATISTICS

1. The school population
2. Details of schools
3. Medical examinations
 - (a) periodic examinations
 - (b) other examinations
 - (c) defects found
4. Vaccination
 - (a) Heaf testing and B.C.G. vaccination
 - (b) rubella vaccination
5. Infestation and skin diseases
 - (a) infestation with vermin
 - (b) skin diseases
6. Handicapped pupils
 - (a) ascertainties and placements
 - (b) requiring special education
7. Dental service
8. Child guidance
9. Speech therapy

1. THE SCHOOL POPULATION

The number of children attending school in 1972 was 62,722. The growth of the school population, from 1963 to 1972 is shown below:

				<i>Number of schoolchildren</i>	<i>Increase or decrease over previous year</i>	<i>Percentage increase</i>
1963	...	...	...	45,737	—192	—
1964	...	...	...	46,757	1,020	2.2%
1965	...	...	...	45,742	—1,015*	—
1966	...	...	...	47,386	1,644	3.6%
1967	...	...	...	50,431	3,045	6.4%
1968	...	...	...	51,222	791	1.6%
1969	...	...	...	53,676	2,454	4.8%
1970	...	...	...	56,420	2,744	5.0%
1971	...	...	...	59,618	3,198	5.7%
1972	...	...	...	62,722	3,104	5.2%

*Boundary reorganisation.

2. SCHOOLS

The numbers of schools in the County at the end of the year were:

Nursery	...	...	...	...	4	(number of pupils full-time 70 part-time 222)
Primary	...	...	...	...	222	
Modern	...	...	...	...	20	
Bilateral	...	...	...	...	1	
Comprehensive	...	...	...	...	14	
Grammar	...	...	...	...	7	
Special	...	...	...	...	11	
					<hr/>	
Total	...	...	...	...	279	
					<hr/>	

The special schools maintained by this authority are:

		<i>Pupils on roll</i>
Firdale School, Corby	Day school for E.S.N. pupils	109
Forest Gate School, Corby	Day school for E.S.N. pupils	68
Isebrook School, Kettering	Day school for E.S.N. pupils	100
Kingsley School, Kettering	Day school for physically handicapped pupils	71
Henley School, Kettering	Day school for E.S.N. pupils	84
Loddington Hall, Loddington	Boarding school for E.S.N. pupils	65
Dallington Park School, Northampton	Day school for E.S.N. pupils	57
Brookfield School, Wellingborough	Boarding and day school for E.S.N. pupils	119
Fairlawn School, Wellingborough	Day school for E.S.N. pupils	98
Arkwright School, Irchester, Wellingborough	Boarding school for maladjusted girls	33
Princess Marina Hospital, Northampton	Hospital Special School	61

3. MEDICAL EXAMINATIONS

(a) Periodic examinations

Year of birth	Number of examinations		Pupils found to require treatment		Physical condition			
	1972	1971	1972	1971	Satisfactory		Unsatisfactory	
	1972	1971	1972	1971	1972	1971	1972	1971
1968 or later ...	26	—	2	—	26	—	—	—
1967 ...	1,786	—	87	—	1,784	—	2	—
1966 ...	3,419	1,428	137	81	3,419	1,427	—	1
1965 ...	1,628	2,943	54	134	1,628	2,942	—	1
1964 ...	629	4,457	29	53	629	4,457	—	—
1963 ...	284	635	20	29	284	635	—	—
1962 ...	136	283	15	13	136	283	—	—
1961 ...	61	150	7	3	61	150	—	—
1960 ...	8	56	1	3	8	56	—	—
1959 ...	3	19	—	1	3	19	—	—
1958 ...	2	10	—	—	2	10	—	—
1957 ...	643	3	20	—	643	3	—	—
1956 or before ...	—	84	—	1	—	84	—	—
Total ...	8,625	10,068	372	318	8,623	10,066	2	2

(b) Other examinations

	1972	1971
Special examinations ...	653	856
Re-examinations ...	1,161	782
	1,814	1,638

(c) Defects found

Defect or disease				Periodic examinations				Special examinations
				Entrants	Leavers	Others	Total	
Skin ...	T	O	...	29	5	17	51	—
				107	13	57	177	—
Eyes (a) vision ...	T	O	...	38	3	24	65	—
				99	28	62	189	—
	T	O	(b) squint ...	27	1	14	42	—
				99	5	39	143	—
	T	O	(c) other ...	—	—	1	1	—
				18	2	9	29	—
Ears (a) hearing ...	T	O	...	8	—	8	16	—
				123	4	66	193	—
	T	O	(b) otitis media ...	4	1	3	8	—
				109	5	54	168	—
	T	O	(c) other ...	6	—	—	6	—
				15	—	5	20	—

continued

Defect or disease					Periodic examinations				Special examinations
					Entrants	Leavers	Others	Total	
Nose and throat	...	...		T	38	2	20	60	—
				O	274	6	140	420	—
Speech	...	...	...	T	48	—	13	61	—
				O	149	1	34	184	—
Lymphatic glands	...	...		T	2	—	1	3	—
				O	83	3	61	147	—
Heart	...	...	...	T	3	—	2	5	—
				O	58	11	32	101	—
Lungs	...	...	...	T	11	1	5	17	—
				O	106	8	60	174	—
Developmental (a) hernia	...	...		T	4	—	1	5	—
				O	26	—	8	34	—
(b) other	...	...		T	2	—	6	8	—
				O	97	5	53	155	—
Orthopaedic (a) posture	...	...		T	10	3	10	23	—
				O	20	5	28	53	—
(b) feet	...	...		T	54	3	14	71	—
				O	182	10	75	267	—
(c) other	...	...		T	6	2	2	10	—
				O	80	4	46	130	—
Nervous system (a) epilepsy	...	...		T	1	—	2	3	—
				O	33	—	10	43	—
(b) other	...	...		T	1	—	1	2	—
				O	39	2	19	60	—
Psychological (a) development	...			T	2	—	3	5	—
				O	179	3	95	277	—
(b) stability	...	...		T	2	—	6	8	—
				O	213	4	120	337	—
Abdomen	...	...	...	T	3	—	2	5	—
				O	25	—	15	40	—
Other	...	...	...	T	6	1	3	10	—
				O	62	2	15	79	—

T=children requiring treatment, or already under treatment
O=children to be kept under observation

4. VACCINATION

(a) Heaf testing and B.C.G. vaccination

Number of children Heaf tested	...	...	...	4,746
Negative reactors	...	...	...	4,031
Positive reactors				
Grade 1	287			
Grade 2	328			
Grade 3	84			
Grade 4	21			
				<hr/> 720
Number of children vaccinated (negative reactors and Grade 1 positive)	...	...	...	<hr/>4,318 <hr/>

(b) Rubella vaccination

Girls vaccinated

Vaccinated by general practitioners	...	210
Vaccinated in schools	...	432
		<hr/> 642 <hr/>

5. INFESTATION AND SKIN DISEASES

(a) Infestation with vermin

Individual examinations in schools	...	26,812
Pupils found to be infested	...	989

No cleansing notices or orders were issued under Section 54 of the Education Act, 1944.

(b) Skin diseases

Numbers of cases reported were:

Impetigo	...	...	...	12
Verrucae	...	...	...	1
Scabies	...	...	...	10
Other conditions	...	...	...	19
				<hr/>
Total	...	...	...	42 <hr/>

6. HANDICAPPED PUPILS

(a) Ascertainments and placements

	<i>Number ascertained in 1972</i>	<i>Number placed for special education</i>	
		<i>Assessed 1972</i>	<i>Assessed prior to 1972</i>
Blind	2	—	1
Partially sighted	—	—	—
Deaf	2	2	2
Partially hearing	6	6	2
Physically handicapped	9	6	5
Delicate	4	2	1
Maladjusted	22	21	3
E.S.N.	89	81	56
Epileptic	—	—	—
Speech defects	1	—	—
Total	135	118	70

(b) Requiring special education

	<i>Special school</i>		<i>Special units</i>	<i>Boarded out</i>	<i>Educated at</i>		<i>Awaiting placement</i>	<i>Total</i>
	<i>Day</i>	<i>Boarding</i>			<i>home</i>	<i>hospital</i>		
Blind	—	8	—	—	—	—	3	11
Partially sighted	—	6	—	—	—	—	—	6
Deaf	—	20	—	—	—	—	2	22
Partially hearing	12	10	12	—	—	—	—	34
Physically handicapped	55	30	—	—	4	3	4	96
Delicate	7	9	—	—	—	4	4	24
Maladjusted	21	32	—	6	1	2	5	67
E.S.N.	657	100	—	—	—	18	39	814
Epileptic	2	3	—	—	—	—	—	5
Speech defects	1	—	—	—	—	—	2	3
Total	755	218	12	6	5	27	59	1082

7. DENTAL INSPECTION AND TREATMENT

(a) Schoolchildren

Attendances and treatment

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
First visit	6,057	4,399	637	11,093
Subsequent visits	8,582	9,933	3,702	22,217
Total visits	14,639	14,332	4,339	33,310
Additional courses of treatment commenced	771	563	105	1,439
Fillings in permanent teeth	3,309	8,359	1,804	13,472
Fillings in deciduous teeth	6,185	381	—	6,566
Permanent teeth filled	3,075	8,103	1,564	12,747
Deciduous teeth filled	5,521	345	—	5,866
Permanent teeth extracted	1,265	3,031	284	4,580
Deciduous teeth extracted	8,683	2,333	—	11,016
General anaesthetics	2,410	1,173	83	3,666
Emergencies	1,285	820	113	2,218
Number of pupils x-rayed ... ..	...	...	...	2,028
Prophylaxis ... ..	...	...	...	2,493
Teeth otherwise conserved ... ..	...	...	...	775
Number of teeth root filled ... ..	...	...	...	69
Inlays ... ..	...	...	...	50
Crowns ... ..	...	...	...	43
Courses of treatment completed ... ..	...	...	...	10,821

Inspections

First inspection at school. Number of pupils	...	...	...	...	32,292
First inspection at clinic. Number of pupils	...	...	...	...	8,093
Number found to require treatment	...	...	...	...	20,206
Number offered treatment	...	...	...	...	17,561
Pupils re-inspected at school or clinic	...	...	...	...	2,706
Number found to require and offered treatment...	...	...	...	...	1,301

Orthodontics

New cases commenced during year	...	...	...	...	341
Cases completed during year	...	...	...	...	654
Cases discontinued during year	...	...	...	...	29
Number of removable appliances fitted	...	...	...	...	610
Number of fixed appliances fitted	...	...	...	...	83
Pupils referred to hospital consultant — for advice and treatment	...	...	...	...	402

Prosthetics

	5 to 9	10 to 14	15 and over	<i>Total</i>
Pupils supplied with full upper or lower dentures (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	19	64	13	96
Total	19	64	13	96

Anaesthetics

General anaesthetics administered by dental officers	956
--	-----	-----	-----	-----	-----

Sessions

Sessions devoted to treatment					
Dental officers	...	...	...	...	4,732
Dental auxiliaries	...	...	...	...	1,002
Sessions devoted to inspection	...	...	...	...	124
Sessions devoted to dental health education					
Dental officers	...	...	...	...	216
Dental auxiliaries	...	...	...	...	423

(b) Local health authority dental services for expectant and nursing mothers and children under 5 years

Attendances and treatment

							<i>Children 0-4 (incl.)</i>	<i>Expectant and nursing mothers</i>
<i>Number of visits for treatment during year</i>								
First visit	...	...	...	...	...	...	942	115
Subsequent visits	...	...	...	...	...	...	935	174
Total visits	...	...	...	...	...	...	1,877	289
Number of additional courses of treatment (other than the first course) commenced during year							74	8
Treatment provided during the year—number of fillings							2,294	264
Teeth filled	...	...	...	...	...	...	2,168	211
Teeth extracted	...	...	...	...	...	...	801	126
General anaesthetics given	...	...	...	...	...	...	267	19
Emergency visits by patients	...	...	...	...	...	...	162	24
Patients x-rayed	...	...	...	...	...	...	17	26
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)							245	43
Teeth otherwise conserved	...	...	...	...	...	...	384	—
Teeth root filled	...	...	...	...	...	...	—	2
Inlays	...	...	...	...	...	...	—	3
Crowns	...	...	...	...	...	...	—	1
Number of courses of treatment completed during the year							743	43

Prosthetics

Patients supplied with full upper or full lower dentures (first time)	...	...	...	...	...	1
Patients supplied with other dentures	...	...	...	...	...	5
Number of dentures supplied	...	...	...	...	...	10

Anaesthetics

General anaesthetics administered by dental officers	93
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Inspections

					<i>Children 0-4 (incl.)</i>	<i>Expectant and nursing mothers</i>
Number of patients given first inspections during year					1,945	103
Number of patients who required treatment					813	92
Number of patients who were offered treatment					670	82

Sessions

Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child health patients:			
	<i>For treatment</i>	405	
	<i>For health education</i>	36	

8. CHILD GUIDANCE

						<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Cases under treatment on 1st January ...	...	...	...	...	...	76	43	119
Cases taken on for treatment during the year	...	...	...	...	...	77	33	110
						<hr/> 153	<hr/> 76	<hr/> 229
Cases discharged during the year	...	...	...	...	...	56	30	86
Cases under treatment on 31st December	...	...	...	...	...	97	46	143
						<hr/>	<hr/>	<hr/>
Cases referred during the year	...	...	...	...	...	113	46	159
Cases awaiting treatment on 1st January	...	...	...	...	...	27	15	42
						<hr/> 140	<hr/> 61	<hr/> 201
Cases seen by clinic staff	...	...	...	...	...	96	41	137
Cases seen and discharged without treatment	...	...	...	...	...	3	4	7
Cases not seen	...	...	...	...	...	21	5	26
Cases waiting to be seen 31st December	...	...	...	...	...	20	11	31
						<hr/> 140	<hr/> 61	<hr/> 201
Referred by:								
General practitioners	...	...	...	...	...	53	23	76
Parents	...	...	...	...	...	5	2	7
Schools	...	...	...	...	...	5	2	7
School health service	...	...	...	...	...	22	7	29
School psychological service	...	...	...	...	...	11	5	16
Health visitors	...	...	...	...	...	1	2	3
Courts	...	...	...	...	...	5	—	5
Probation officer	...	...	...	...	...	—	—	—
Social Services Dept.	...	...	...	...	...	2	2	4
Hospital consultants	...	...	...	...	...	8	3	11
Chief Education Officer	...	...	...	...	...	1	—	1
						<hr/> 113	<hr/> 46	<hr/> 159
Reason for referral								
Nervous disorders	...	...	...	...	...	17	12	29
Habit	..	...	...	...	...	7	9	16
Behaviour	..	...	...	...	...	81	24	105
Organic	..	...	...	...	...	3	—	3
Psychotic behaviour	...	...	...	...	...	1	—	1
Educational and vocational difficulties	...	...	...	...	...	1	1	2
Unclassified	...	...	...	...	...	3	—	3
						<hr/> 113	<hr/> 46	<hr/> 159

In addition, seven children were seen by Dr. B. F. Whitehead at his clinic in Peterborough and five children were referred to Dr. R. F. Shackleton, Medical Director of the Oxfordshire Family and Child Guidance Clinic.

Hostels

Holyrood Hostel —	children admitted	...	...	...	1
	„ discharged	...	...	...	3
	„ removed against advice	...	...	...	—
Rostrevor Hostel —	children admitted	...	...	...	2
	„ discharged	...	...	...	—
	„ removed against advice	...	...	...	—

9. SPEECH THERAPY

Children on the register at 31st December:

Number receiving active treatment	...	481
Number under observation	...	860
Number where treatment deferred	...	426
		<hr/>
		1,767
		<hr/>

Children removed from the register in 1972:

Normal or improved speech	...	568
Unable to help further	...	153
Failed to attend, left the County etc.	...	217
		<hr/>
		938
		<hr/>

Children on waiting list at 31st December:

99

Children seen in 1972:

	<i>Under school age</i>	<i>Attending school</i>
Receiving treatment	228	1,563
Under observation ...	369	1,934
Treatment deferred ...	51	444
No defect found ...	11	259
	<hr/>	<hr/>
	659	4,200
	<hr/>	<hr/>

CAUSES OF DEATH IN ADMINISTRATIVE AREAS—URBAN DISTRICTS

CAUSES OF DEATH	Brackley		Burton Latimer		Corby		Davenport		Desboro'		Higham Ferrers		Irthling-borough		Kettering		Oundle		Raunds		Rothwell		Rushden		Wellingborough		Aggregate of U.D.s.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
TOTAL—ALL CAUSES.....	17	23	32	21	191	134	55	64	21	28	28	26	39	32	258	241	19	23	43	45	25	22	127	125	215	198	1070	982
B4 Enteritis and other diarrhoeal diseases ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	1	1
B5 Tuberculosis of respiratory system .....	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B6(1) Late effects of respiratory T.B. ....	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B6(2) Other tuberculosis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B11 Meningococcal infection .....	..	..	..	..	1	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B18 Other infective and parasitic diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B19(1) Malignant neoplasm, buccal cavity, etc.....	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B19(2) Malignant neoplasm, oesophagus .....	..	..	..	..	2	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	5	1	1
B19(3) Malignant neoplasm, stomach .....	..	..	..	..	1	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	6	3	3
B19(4) Malignant neoplasm, intestine	1	..	3	..	5	2	2	1	..	..	3	3	4	1	5	4	..	..	2	1	1	1	1	9	6	22	15	15
B19(5) Malignant neoplasm, larynx .....	..	..	..	..	4	4	2	1	..	1	..	..	..	2	7	7	1	..	1	1	..	2	2	6	3	27	21	1
B19(6) Malignant neoplasm, lung, bronchus ..	1	..	..	..	..	..	..	..	..	..	..	1	4	1	1	1	2	..	3	2	2	..	14	3	6	1	1	
B19(7) Malignant neoplasm, breast	3	1	1	1	22	4	3	1	1	..	..	3	1	3	18	1	..	1	..	..	..	9	3	6	3	82	16	1
B19(8) Malignant neoplasm, uterus .....	..	1	..	..	..	2	..	1	..	4	..	..	..	3	12	5	..	..	..	..	..	1	6	..	..	12	1	44
B19(9) Malignant neoplasm, prostate .....	..	1	1	..	..	2	..	1	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	11
B19(10) Leukaemia	2	..	1	..	3	..	..	1	1	..	..	2	..	..	3	1	1	..	..	..	..	1	1	..	..	18	6	6
B19(11) Other malignant neoplasms .....	..	1	1	..	12	10	3	4	1	2	..	3	3	2	10	17	5	1	1	1	1	1	7	10	12	12	59	65
B20 Benign and unspecified neoplasms.....	..	..	..	..	..	2	..	..	..	..	..	..	..	..	2	..	..	..	2	2	..	2	2	2	2	4	4	4
B21 Diabetes Mellitus .....	..	..	..	..	1	4	..	..	..	1	..	..	1	..	2	2	..	..	..	..	..	2	1	3	3	8	17	1
B22 Avitaminoses, etc.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..
B46(1) Other endocrine etc. diseases .....	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	1	1	..	2	2	4	4
B23 Anaemias .....	..	1	..	1	..	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	..	2	2	2
B46(2) Other diseases of blood, etc.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
B46(3) Mental disorders .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B24 Meningitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B64(4) Multiple sclerosis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B46(5) Other diseases of nervous system .....	..	..	..	..	..	2	4	..	..	..	..	..	..	..	3	4	..	..	..	..	..	..	1	1	..	1	2	8
B26 Chronic rheumatic heart disease .....	..	..	..	..	..	1	7	1	..	..	..	1	2	2	4	3	1	..	..	..	..	..	2	2	5	8	14	18
B27 Hypertensive disease	1	..	..	..	3	4	..	..	..	1	1	4	11	7	81	56	2	1	1	3	6	5	39	41	58	40	301	225
B28 Ischaemic heart disease	4	6	13	6	48	19	15	22	9	4	6	4	4	11	2	10	8	1	2	5	..	2	5	3	4	11	35	54
B29 Other forms of heart disease	1	3	4	2	4	9	1	3	1	2	1	2	1	2	10	8	1	2	5	..	3	2	10	19	21	23	104	155
B30 Cerebrovascular Disease	1	2	4	5	19	14	10	11	2	7	2	4	4	6	22	48	..	7	6	7	3	2	5	6	18	26	58	81
B46(6) Other diseases of circulatory system..	1	..	..	2	6	8	3	5	..	..	1	2	1	4	17	21	3	3	2	2	1	2	5	6	18	26	58	81
B31 Influenza .....	..	..	..	..	2	1	..	..	..	..	1	..	..	..	3	4	..	..	5	..	3	1	..	1	1	13	7	7
B32 Pneumonia .....	..	1	..	..	6	7	3	..	1	1	1	..	2	..	15	12	..	1	1	..	3	1	8	6	18	7	59	36
B33(1) Bronchitis and emphysema	1	..	1	..	12	5	1	1	1	1	2	..	1	2	14	2	..	..	..	..	3	1	14	2	14	1	64	14
B33(2) Asthma .....	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B46(7) Other diseases of respiratory system ..	1	..	..	..	1	1	..	..	..	..	..	..	..	..	4	4	..	..	..	..	1	1	1	1	5	11	14	14
B34 Peptic ulcer .....	..	..	..	1	2	2	..	..	..	..	..	..	..	..	2	2	1	..	..	..	..	..	1	4	5	1	1	1
B35 Appendicitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	..	..	..	..	..	1	1	1
B36 Intestinal obstruction and hernia .....	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	2	1	1	1	1
B37 Cirrhosis of liver .....	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	2	1	1	1	1
B46(8) Other diseases of digestive system ..	..	1	..	..	3	1	1	2	1	2	..	..	..	..	1	4	1	..	..	..	..	..	..	2	1	1	1	1
B38 Nephritis and nephrosis .....	..	..	..	..	..	2	..	..	..	..	..	..	..	..	2	4	..	..	..	..	..	..	..	2	5	3	9	16
B39 Hyperplasia of prostate .....	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1	1	2	2	..	8	3
B46(9) Other diseases, genito-urinary system ..	..	..	..	..	..	2	..	..	..	1	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	7	..	..
B41 Other complications of pregnancy, etc....	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1	..	3	..	1	..	1	2	..	7	10	10
B46(10) Diseases of skin, subcutaneous tissue ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
B46(11) Diseases of musculo-skeletal system ..	..	..	1	1	4	3	..	..	..	1	..	..	..	..	1	3	..	..	1	1	..	1	1	1	1	8	10	15
B42 Congenital anomalies .....	..	1	1	1	2	1	..	2	..	..	1	1	..	..	2	3	..	..	..	..	..	..	..	1	3	10	15	2
B43 Birth injury, difficult labour, etc. ....	..	..	..	..	4	2	..	1	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	1	1	9	2
B44 Other causes of perinatal mortality .....	..	..	..	..	2	2	..	..	..	..	..	1	..	..	3	..	..	..	..	..	..	..	..	..	1	3	5	6
B45 Symptoms and ill-defined conditions .....	..	1	1	..	2	1	2	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	2	2	5
BE47 Motor vehicle accidents .....	..	..	..	..	7	3	..	..	..	..	..	1	..	..	6	1	1	..	1	1	..	1	2	1	1	19	8	8
BE48 All other accidents.....	..	1	1	..	6	3	1	2	..	..	..	1	1	..	2	4	..	..	1	1	..	3	1	1	1	15	15	15
BE49 Suicide and self-inflicted injuries .....	..	..	..	..	2	2	1	1	..	..	..	..	..	..	1	1	..	..	1	1	..	..	2	..	..	7	3	2
BE50 All other external causes .....	..	..	..	..	..	..	1	1	..	..	..	1	..	..	1	1	..	..	..	..	..	..	..	..	..	1	1	1

CAUSES OF DEATH IN ADMINISTRATIVE AREAS—RURAL DISTRICTS

CAUSES OF DEATH	Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Towcester R.D.		Welling- borough R.D.		Aggregate of R.D.s.	
	M. 71	F. 56	M. 101	F. 121	M. 105	F. 105	M. 69	F. 61	M. 123	F. 149	M. 120	F. 87	M. 81	F. 96	M. 92	F. 75	M. 762	F. 750
TOTAL ALL CAUSES .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B4 Enteritis and other diarrhoeal diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
B5 Tuberculosis of respiratory system .....	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	2
B6(2) Other tuberculosis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...
B18 Other infective and parasitic diseases ...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2
B19(1) Malignant neoplasm, buccal cavity, etc. ....	...	...	...	1	1	3	...	...	...	...	...	1	...	...	...	...	1	5
B19(2) Malignant neoplasm, oesophagus .....	...	...	...	...	...	...	...	...	1	1	...	...	1	1	...	1	2	3
B19(3) Malignant neoplasm, stomach	1	1	5	1	3	1	...	...	2	2	2	...	1	3	3	...	17	8
B19(4) Malignant neoplasm, intestine	1	2	1	3	4	4	...	2	1	5	4	5	2	3	2	1	15	25
B19(5) Malignant neoplasm, larynx	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
B19(6) Malignant neoplasm, lung, bronchus	6	2	7	1	9	4	7	1	10	1	12	...	3	2	9	4	63	15
B19(7) Malignant neoplasm, breast .....	...	5	...	1	...	6	...	2	...	8	...	3	...	2	...	5	...	32
B19(8) Malignant neoplasm, uterus .....	...	2	...	2	...	1	...	2	...	6	...	1	...	2	...	1	...	17
B19(9) Malignant neoplasm, prostate	3	...	...	...	3	...	3	...	3	...	2	...	2	...	4	...	20	...
B19(10) Leukaemia	1	...	...	...	...	...	...	...	2	1	2	1	...	1	...	...	5	3
B19(11) Other malignant neoplasms	5	1	3	1	1	8	2	3	5	6	9	4	5	13	4	5	34	41
B20 Benign and unspecified neoplasms	...	...	...	1	...	1	1	...	...	2	1	...	...	...	...	...	2	4
B21 Diabetes Mellitus	1	...	...	1	...	...	1	...	...	...	1	1	...	...	2	1	5	3
B22 Avitaminoses, etc. ....	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
B46(1) Other endocrine etc. diseases	...	...	...	1	...	2	...	1	...	1	1	1	...	3	...	1	1	10
B23 Anaemias .....	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	1	2	2
B46(3) Mental disorders .....	...	1	...	1	...	...	...	...	1	7	...	...	...	...	...	...	1	9
B24 Meningitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...
B46(4) Multiple sclerosis	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1
B46(5) Other diseases of nervous system .....	...	...	1	1	1	...	...	...	...	3	1	1	1	1	1	...	5	6
B26 Chronic rheumatic heart disease.....	...	1	...	1	2	2	2	3	1	1	...	1	...	1	1	1	6	11
B27 Hypertensive Disease	1	...	1	2	...	1	1	...	1	2	3	3	2	1	1	4	10	13
B28 Ischaemic heart disease	19	15	32	35	37	27	16	16	33	33	23	23	17	18	28	18	205	185
B29 Other forms of heart disease	1	5	2	8	2	3	3	6	7	6	5	3	3	4	1	4	24	39
B30 Cerebrovascular disease	6	11	11	26	6	15	9	9	10	16	13	17	16	20	8	10	79	124
B46(6) Other diseases of circulatory system...	4	4	4	11	...	6	4	2	6	11	6	7	6	4	8	5	38	50
B31 Influenza .....	...	...	...	...	1	...	...	...	...	1	1	2	1	...	2	2	5	5
B32 Pneumonia	3	2	8	7	5	9	3	5	15	20	6	4	2	5	2	2	44	54
B33(1) Bronchitis and emphysema	1	...	7	4	3	...	3	1	3	2	7	2	8	1	2	1	34	11
B33(2) Asthma	1	1	1	...	...	...	...	...	1	...	3	1	...	...	...	...	6	2
B46(7) Other diseases of respiratory system...	3	1	2	...	...	2	1	...	1	1	...	...	...	...	...	...	7	4
B34 Peptic ulcer .....	...	...	3	...	2	...	1	...	1	...	1	...	1	1	...	1	9	2
B35 Appendicitis .....	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
B36 Intestinal obstruction and hernia .....	...	...	...	1	2	1	...	...	1	4	...	...	1	...	...	1	3	8
B37 Cirrhosis of liver .....	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	2	1
B46(8) Other diseases of digestive system ...	1	1	2	1	1	2	1	1	1	4	...	1	...	2	...	1	6	13
B38 Nephritis and nephrosis .....	...	...	...	2	1	...	...	1	1	...	1	1	1	...	1	...	5	4
B39 Hyperplasia of prostate	1	...	...	...	2	...	2	...	1	...	2	...	1	...	...	...	9	...
B46(9) Other diseases, genito-urinary system	1	...	...	...	2	1	3	...	2	1	1	1	...	...	...	...	9	3
B46(11) Diseases of musculo-skeletal system	...	...	1	1	...	1	1	1	...	1	...	...	...	...	...	...	2	4
B42 Congenital anomalies	1	...	1	1	2	1	1	...	...	...	2	...	...	1	4	...	11	3
B43 Birth injury, difficult labour, etc. ....	...	...	1	2	2	1	1	1	3	1	1	...	...	2	1	2	9	9
B44 Other causes of perinatal mortality .....	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
B45 Symptoms and ill-defined conditions ...	...	...	...	...	...	...	...	1	1	...	1	...	2	...	1	...	5	1
BE47 Motor vehicle accidents	3	...	6	2	5	...	...	...	4	...	3	...	4	2	3	...	28	4
BE48 All other accidents.....	3	...	1	1	4	2	...	1	2	2	3	...	1	1	1	3	15	10
BE49 Suicide and self-inflicted injuries .....	...	...	...	...	2	...	1	...	2	...	...	...	...	...	...	...	5	...
BE50 All other external causes	2	...	1	...	1	...	1	...	...	...	2	...	...	...	...	...	7	...

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

115

CAUSE OF DEATH	AGGREGATE OF URBAN DISTRICTS													AGGREGATE OF RURAL DISTRICTS												
	Sex	Total All Ages	Under 4 weeks	4 wks. and Under 1 year	1—5	5—15	15—25	25—35	35—45	45—55	55—65	75 & over	Total All Ages	Under 4 weeks	4 wks. and Under 1 year	1—5	5—15	15—25	25—35	35—45	45—55	55—65	75 & over			
B4 Enteritis and other diarrhoeal diseases	M. F.	1 1	... ...	... ...	1 1	...	...	...	...	...	...	...	1 1	... ...	... ...	1 1	...	...	...	...	...	...	...	...
B5 Tuberculosis of respiratory system.....	M. F.	1 ...	... ...	... ...	... ...	...	...	...	...	1	...	...	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	1	...	...	...	1 ...
B6 (1) Late effects of respiratory T.B.	M. F.	1 ...	... ...	... ...	... ...	...	...	...	...	...	1	...	...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...
B6 (2) Other tuberculosis	M. F.	... 1	... ...	... ...	... ...	...	...	...	...	...	...	1	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...
B11 Meningococcal infection	M. F.	1 1	... ...	1 ...	... ...	...	...	...	...	...	...	...	...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...
B18 Other infective and parasitic diseases	M. F.	1 4	... 1	... 2	... ...	...	...	...	...	...	...	1	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...
B19 (1) Malignant neoplasm, buccal cavity etc.	M. F.	5 1	... ...	... ...	... ...	...	...	...	1	...	2	1	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...
B19 (2) Malignant neoplasm, oesophagus	M. F.	6 3	... ...	... ...	... ...	...	...	...	1	...	1	3	2 1	... ...	... ...	... ...	... ...	... ...	... ...	1	...	...	...	1 2
B19 (3) Malignant neoplasm, stomach	M. F.	32 15	... ...	... ...	... ...	...	...	...	1	2	6	10	8	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...
B19 (4) Malignant neoplasm, intestine	M. F.	27 21	... ...	... ...	... ...	...	...	...	3	7	11	6	15	... ...	... ...	... ...	... ...	... ...	...	2	...	...	...	...
B19 (5) Malignant neoplasm, larynx	M. F.	3 1	... ...	... ...	... ...	...	...	...	...	1	1	1	...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...
B19 (6) Malignant neoplasm, lung, bronchus	M. F.	85 14	... ...	... ...	... ...	...	...	...	1	7	19	47	5	... ...	... ...	... ...	... ...	... ...	...	2	14	29	4	...
B19 (7) Malignant neoplasm, breast	M. F.	1 46	... ...	... ...	... ...	...	...	...	...	1	14	10	...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...
B19 (8) Malignant neoplasm, uterus	M. F.	... 11	... ...	... ...	... ...	...	...	...	...	...	...	...	...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...
B19 (9) Malignant neoplasm, prostate	M. F.	18 ...	... ...	... ...	... ...	...	...	...	...	5	6	7	...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...
B19 (10) Leukaemia	M. F.	2 6	... ...	... ...	... ...	...	...	...	...	...	...	1	1	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...
B19 (11) Other malignant neoplasms	M. F.	59 65	... ...	... ...	1 1	2 1	2 ...	...	6	19	16	11	17	... ...	... ...	... ...	... ...	... ...	...	2	10	9	7	...
B20 Benign and unspecified neoplasms	M. F.	4 4	... ...	... ...	... ...	...	...	...	...	1	2	1	...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSE OF DEATH	AGGREGATE OF URBAN DISTRICTS											AGGREGATE OF RURAL DISTRICTS											
	Sex	Total All Ages	Under 4 weeks	4 wks. and Under 1 year	1—5	5—15	15—25	25—35	35—45	45—55	55—65	65 & over	Total All Ages	Under 4 weeks	4 wks. and Under 1 year	1—5	5—15	15—25	25—35	35—45	45—55	55—65	65 & over
B21 Diabetes Mellitus	M. F.	8 17	... ...	... ...	... ...	... 1	... 1	... ...	1 ...	2 3	3 3	2 9	5 3	... ...	... ...	... ...	... ...	... ...	... ...	... ...	3 1	1 2	75 & over
B22 Avitaminoses, etc.	M. F.	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 1
B46 (1) Other endocrine etc. diseases	M. F.	2 4	... ...	1 1	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... 3	1 10	... ...	... ...	... ...	... 1	... ...	... 1	... ...	... 2	... 4	... 1
B23 Anaemias	M. F.	2 4	... ...	... ...	... ...	... ...	... ...	... ...	2 ...	... ...	... 1	... 2	2 2	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 1	... ...	2 1
B46 (2) Other diseases of blood, etc.	M. F.	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	2...	......	......	......	......	......	......	......	......	......	......	......
B46 (3) Mental disorders	M. F.	... 2	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 2	1 9	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 3	... 6
B24 Meningitis	M. F.	1 ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 1	......	......
B46 (4) Multiple sclerosis.....	M. F.	1 2	... ...	... ...	... ...	... ...	... ...	... ...	1 1	... ...	... 1	... ...	1 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 1	......	......
B46 (5) Other diseases of nervous system.....	M. F.	12 8	... ...	3 ...	1 1	2 1	... ...	... ...	... ...	1 1	2 1	3 4	5 6	... ...	... ...	... ...	1 1	... 1	... ...	... ...	1 2	1 ...	1 ...
B26 Chronic rheumatic heart disease	M. F.	10 16	... ...	1 ...	... ...	1 ...	... ...	... ...	1 3	2 2	2 2	3 9	6 11	... ...	... ...	... ...	... ...	... ...	... ...	... 1	2 2	3 3	1 5
B27 Hypertensive disease	M. F.	16 34	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	3 7	2 12	5 20	10 13	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	2 ...	3 2	4 11
B28 Ischaemic heart disease	M. F.	301 225	... ...	... ...	... ...	... ...	2 ...	6 2	31 23	61 55	88 143	205 185	... ...	... ...	... ...	... ...	... ...	1 ...	3 1	11 7	42 13	77 46	71 118
B29 Other forms of heart disease ...	M. F.	35 54	... ...	... ...	... 1	... ...	... 1	1 ...	1 4	9 7	23 41	24 39	... ...	... ...	... ...	... ...	1 1	... ...	... 1	... ...	1 3	5 10	17 24
B30 Cerebrovascular disease	M. F.	104 155	... ...	... ...	... ...	1 ...	... 1	... 2	3 10	17 33	56 108	79 124	... ...	... ...	... ...	... ...	... ...	1 ...	2 3	6 14	26 26	44 81	
B46 (6) Other diseases of circulatory system.....	M. F.	58 81	... ...	... ...	... ...	... ...	... ...	... ...	1 6	3 9	65 50	38 50	... ...	... ...	... ...	... ...	... ...	... ...	2 3	5 2	13 5	18 40	
B31 Influenza	M. F.	8 7	... ...	... ...	... 1	... ...	... ...	... ...	1 ...	5 2	4 4	5 5	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	1 ...	3 ...	4 ...	
B32 Pneumonia	M. F.	63 36	... 1	3 1	1 1	... ...	1 ...	... ...	9 2	10 6	23 54	44 54	1 1	1 1	... ...	1 1	... ...	1 ...	2 1	3 1	9 5	26 44	
B33 (1) Bronchitis and emphysema	M. F.	65 14	... ...	... ...	... ...	... ...	... ...	... ...	1 2	28 2	9 11	34 11	... ...	... ...	... ...	... ...	... ...	... ...	2 2	4 1	8 3	20 5	
B33 (2) Asthma	M. F.	... 2	... ...	... ...	... ...	... ...	... ...	... ...	... 1	... ...	... ...	3 1	... ...	... ...	... ...	1 ...	... ...	... ...	... 1	... ...	1 ...	... ...	1 ...
B46 (7) Other diseases of respiratory system.....	M. F.	9 6	1 ...	2 2	... 1	... ...	... ...	... ...	1 1	2 ...	2 ...	10 5	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	... 1	3 3	4 1

CAUSE OF DEATH	AGGREGATE OF URBAN DISTRICTS														AGGREGATE OF RURAL DISTRICTS													
	Sex	Total All Ages	Under 4 weeks	4 wks. and Under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75 & over	Total All Ages	Under 4 weeks	4 wks. and Under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75 & over			
B34 Peptic ulcer	M. F.	11 14	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 2	2 ...	5 4	3 8	9 2	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	1 ...	3 4 1 1
B35 Appendicitis	M. F.	1 1	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	...		
B36 Intestinal obstruction and hernia	M. F.	3 6	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	2 1	1 5	4 7	... 1	... ...	1 ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	2 5
B37 Cirrhosis of liver	M. F.	5 2	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 3	... ...	... 1	1 1	1 2	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 1	... ...	1 ...	...		
B46 (8) Other diseases of digestive system.....	M. F.	9 16	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... 2	1 2	2 5	5 7	6 13	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	2 3	2 8	1 ...
B38 Nephritis and nephrosis	M. F.	8 3	... ...	... ...	... ...	... ...	... ...	... ...	... ...	2 ...	1 ...	3 2	2 1	4 4	... ...	... ...	... ...	... ...	... ...	... 1	... ...	... ...	... ...	1 ...	2 3
B39 Hyperplasia of prostate	M. F.	7 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	6 ...	9 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	2 ...	7 ...
B46 (9) Other diseases, genito-urinary system	M. F.	7 10	... ...	... ...	... ...	... ...	... 1	... ...	... ...	... ...	1 1	3 2	5 5	10 3	... ...	... ...	... 1	... ...	... ...	... ...	... ...	... ...	... ...	3 ...	6 2
B41 Other complications of pregnancy, etc.	M. F.	... 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...
B46 (10) Diseases of skin, sub-cutaneous tissue	M. F.	... 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...
B46 (11) Diseases of musculo-skeletal system	M. F.	8 10	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... 1	... ...	2 4	5 5	2 4	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 1	2 ...	
B42 Congenital anomalies	M. F.	10 15	4 7	1 2	1 3	... ...	1 1	1 1	... ...	... ...	1 1	... ...	... ...	11 3	5 ...	2 2	2 1	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	...
B43 Birth injury, difficult labour, etc.	M. F.	9 2	9 2	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	9 9	8 9	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...
B44 Other causes of perinatal mortality	M. F.	5 6	5 6	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...
B45 Symptoms and ill-defined conditions	M. F.	2 5	... ...	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 5	5... 1	... ...	... ...	2 ...	1 ...	... ...	... ...	... ...	... ...	... ...	1 ...	1 1
BE47 Motor vehicle accidents	M. F.	19 8	... ...	... ...	... ...	2 ...	5 2	4 1	3 2	1 1	2 1	2 1	... ...	28 4	... ...	... ...	... ...	... ...	7 1	4 1	5 ...	3 ...	4 ...	3 2	2 ...
BE48 All other accidents.....	M. F.	14 15	... ...	... 1	1 ...	1 1	3 1	1 ...	3 ...	... ...	... ...	2 4	8 ...	15 10	... ...	1 ...	2 ...	1 ...	1 ...	3 ...	... 1	2 ...	1 2	1 3 5	
BE49 Suicide and self-inflicted injuries	M. F.	7 3	... ...	... ...	... ...	... ...	1 ...	1 ...	3 ...	... 1	1 1	... 1	... 1	5 ...	... ...	... ...	... ...	... ...	1 ...	... ...	4 ...	... ...	... ...	... ...	...
BE50 All other external causes ...	M. F.	1 2	... ...	... ...	... ...	... ...	... 1	... ...	... ...	... ...	... ...	... ...	1 1	7 ...	... ...	... ...	... ...	... ...	2 ...	... ...	1 ...	2 ...	1 ...	... ...	...	
TOTAL ALL CAUSES	M. F.	1070 982	19 17	15 8	6 9	9 6	14 6	11 7	22 17	70 49	190 104	343 208	371 551	762 750	16 11	9 4	8 4	2 3	15 5	14 3	17 14	40 42	116 84	237 163	288 417			

BIRTHS ETC. IN ADMINISTRATIVE AREAS

URBAN DISTRICTS		Brackley M.B.		Burton Latimer U.D.		Corby U.D.		Daventry M.B.		Desboro' U.D.		Higham Ferrers M.B.		Irthlingborough U.D.		Kettering M.B.		Oundle U.D.		Raunds U.D.		Rothwell U.D.		Rushden U.D.		Wellingborough U.D.		Aggregate of U.D.s.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Live Births	Total	...	54	51	51	420	425	142	141	59	29	59	47	39	35	340	322	21	23	78	54	35	32	183	213	325	315	1807	1741
	Legitimate	...	53	47	360	372	137	132	52	28	56	45	37	30	315	300	19	23	71	48	33	29	174	202	290	282	1644	1590	
	Illegitimate	...	2	4	60	53	5	9	7	1	3	2	2	5	25	22	2	...	7	6	2	3	9	11	35	33	163	151	
Still Births	Total	...	...	...	...	...	6	1	1	1	1	...	1	...	...	5	2	...	...	...	...	1	...	...	1	5	1	17	15
	Legitimate	...	...	...	...	...	5	1	1	1	1	...	1	...	...	5	2	...	...	...	...	1	...	...	5	1	17	13	
	Illegitimate	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—	2	
Deaths of Infants under 1 year of age	Total	...	1	1	12	7	3	5	...	...	...	...	2	...	...	5	2	...	...	4	...	...	...	1	2	8	6	34	25
	Legitimate	...	1	...	11	6	3	5	...	...	...	...	2	...	...	5	2	...	...	3	...	...	...	1	2	7	4	30	22
	Illegitimate	...	...	1	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	2	4	3
Deaths of Infants under 4 weeks of age	Total	...	1	1	7	4	...	3	...	...	...	...	1	...	...	4	1	...	...	2	...	...	...	...	1	5	6	19	17
	Legitimate	...	1	...	6	3	...	3	...	...	...	...	1	...	...	4	1	...	...	1	...	...	...	...	1	4	15	14	
	Illegitimate	...	...	1	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	2	4	3
Deaths of Infants under 1 week of age	Total	...	...	1	7	3	...	3	...	...	...	...	1	...	...	4	1	...	...	2	...	...	...	...	...	3	6	17	14
	Legitimate	...	...	...	6	3	...	3	...	...	...	...	1	...	...	4	1	...	...	1	...	...	...	...	2	4	13	12	
	Illegitimate	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	2	4	2
Estimated mid-year Home Population		5,100	5,410	48,280	12,290	5,390	4,860	5,140	43,350	3,850	6,370	5,020	20,830	38,440	204,330														
Comparability Factors	Births	...	0.84	0.88	0.93	0.81	0.87	1.04	1.03	1.13	0.90	1.09	0.97	1.03	0.97													0.97	
	Deaths	...	0.92	1.12	2.10	1.09	1.04	1.00	0.87	0.86	0.87	1.04	1.00	0.87	0.99	0.95											0.99	1.09	

RURAL DISTRICTS

	Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Fowcester R.D.		Wellingborough R.D.		Aggregate of R.D.s.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Live Births

Still Births

Deaths of Infants under 1 year of age

Deaths of Infants under 4 weeks of age

Deaths of Infants under 1 week of age

Estimated mid-year Home Population	13,980	17,870	18,990	12,420	24,910	16,670	22,260	19,570	146,670									
Comparability Factors

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